



*Course Registration*  
**safeTALK - Suicide Awareness for Everyone**  
September 12, 2017 - 12:00 - 3:00pm  
*Please arrive at 11:45am*  
*Location: MHA Westchester*  
*580 White Plains Road, 5<sup>th</sup> Floor Tarrytown, NY 10591*

***3 Continuing Education Hours for New York State***  
***Licensed Master Social Workers and Licensed Clinical Social Workers available***

Name:	_____
Affiliation/Discipline:	_____
NYS SW ID (if applicable)	_____
Address:	_____
City / State / Zip:	_____
Phone:	_____
Cell Phone: (Required)	_____
E-Mail:	_____
What is the best way to reach you, including on the days of training? (phone, e-mail, or text)	_____

*If you have experienced a recent loss to suicide (typically within the past 6 months) please consider whether this is the right time for you to attend this training. As safeTALK is repeated throughout the year, there will be future opportunities to attend. safeTALK is open to community members over the age of 18.*

**Course Fee:** \$ 10. New York State Office of Mental Health provides support for this training.

**CE Administrative Fee:** In addition to the course registration fee, there is a \$15 administrative fee for each participant who requests NYS Social Work Continuing Education Credit. **Total: \$25**

**Cancellation Policy:** Fee is refundable up to 48 hours in advance of the course. No refund is available for registrations cancelled less than 48 hours in advance.

*The Mental Health Association of Westchester County SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0097.*

**Please indicate method of payment:**

Check Enclosed      Check #: \_\_\_\_\_      Amount: \_\_\_\_\_

**Credit Card Charge:**

Name (as appears on card): \_\_\_\_\_

Credit Card Type (circle):      American Express      Visa      MasterCard

Credit Card Account Number: \_\_\_\_\_

Security Code (3 or 4 digits): \_\_\_\_\_

Credit Card Expiration Date (MM/DD/YY format): \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge Amount: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Please e-mail registration form to [RosenowC@mhawestchester.org](mailto:RosenowC@mhawestchester.org)**

**or fax to: (914) 347-8827, attention Chuck Rosenow**

**Please check here if you would like a receipt**