



*Course Registration*  
**Transgender and Gender Expansive Youth**  
December 11, 2018  
*Training: 9:00 am - 12:00 pm*  
*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, Licensed Clinical Social Workers,  
and Licensed Mental Health Counselors 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, text)  
\_\_\_\_\_

**Course Fee: \$ 100.00** New York State Office of Mental Health provides support for this training.

**Cancellation Policy: \$25** is refundable up to 48 hours in advance of the course. No refund is available for registrations cancelled less than 48 hours in advance.

Mental Health Association of Westchester County, Inc. 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. #SW-0097

Mental Health Association of Westchester County, Inc. is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. #MHC-0128

**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**