

MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION DEVELOPMENTAL DISABILITIES * ALBANY REGIONAL OFFICE

REGISTRATION FOR TRAINING

Copy this form and **complete one copy for each class that you are enrolling staff in.** E-mail, mail, or fax your completed forms to the address listed below **AT LEAST FIVE DAYS PRIOR TO THE TRAINING DATE.** If enrollment does not meet the minimum requirements, the class will be cancelled, and you will be notified.

NAME OF COURSE: _____

DATE OF COURSE: _____ TIME: _____

LOCATION: _____

NAME OF YOUR FACILITY/AGENCY: _____

CONTACT PERSON: _____ PHONE: _____

<u>NAME OF PARTICIPANT</u>	<u>JOB TITLE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Send registration forms to the facility hosting the training

or

Linda Mann

525 Jules, Room 210

St. Joseph, MO. 64501

Phone: 816-387-2220 Fax: 816-387-2219