

Registration Form for Foundations II



"Foundations II"

Saturday, October 1, 10:00 a.m. to Noon

De Marneffe Building, 115 Mill Street, McLean Hospital, Belmont

Prerequisite: the Foundations I Workshop

For Foundations Workshop, please make check payable to: DBSA-Boston
(One registrant per form. Please print.) Complete form and mail with check to:
DBSA-Boston, Facilitator Training, PO Box 102, Belmont, MA 02478

Payment must accompany registration form for the Foundations Workshop to reserve a seat,
and be received in our office by September 21, 7:00 p.m.

Workshop is limited to 20 participants

Name: _____

Address: _____

Phone #: _____

Email: _____

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|--------------------------|--|---------|
| <input type="checkbox"/> | Workshop Fee* | \$15.00 |
| <input type="checkbox"/> | Copy of the Foundations I Guideline* | 10.00 |
| <input type="checkbox"/> | I am adding an additional tax-deductible donation to DBSA-Boston | \$_____ |

I am enclosing a check for the total of: \$_____

* Bring your copy of the Foundations I Guidelines manual. Otherwise you will need to pay an additional \$10 for another copy.

Registration fee includes: Six-hour workshop, and refreshments all day.

I understand and agree that by attending the Foundations Workshops, I do not automatically become a DBSA-Boston facilitator, and will not represent myself as such.

Signature: _____

The registration form is incomplete without your signature.