



Advance registration with full payment is required for all conferences. Please do not send registration without payment.

To register, you can either:

- Register online at brattlebororetreat.org/conferences and save money!
- Mail a completed copy of this form with your check (made payable to the Brattleboro Retreat) or credit card information to: **Brattleboro Retreat, Office of Continuing Education, P.O. Box 803, Brattleboro, Vermont 05302**
- Mail a completed copy of this form with a purchase order number and accompanying institution's contact information for invoicing. **Purchase orders for individual conferences will only be accepted at full price of \$170.**
- Fax a completed copy of this form with your credit card information to 802-258-3790
- Call 802-258-4359

	Early online (30 days prior to event)	Full price online	Early mail, phone, or fax (30 days prior to event)	Full price mail, phone, or fax	Purchase Orders	Walk-in Registration (Seating not guaranteed)
One Day Events (6 CE hours)	\$140	\$160	\$150	\$170	\$170	\$185

I WOULD LIKE TO ATTEND THE FOLLOWING CONFERENCE(S):

Title _____

Date _____ Venue _____ Price _____

Title _____

Date _____ Venue _____ Price _____

Title _____

Date _____ Venue _____ Price _____

Total _____

PLEASE PRINT YOUR NAME AND CREDENTIALS BELOW

EXACTLY AS YOU WOULD HAVE THEM APPEAR ON YOUR CERTIFICATE:

CHECK YOUR PROFESSIONAL DISCIPLINE

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug and Alcohol Counselor | <input type="checkbox"/> Licensed Mental Health Counselor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician | <input type="checkbox"/> Other |
| <input type="checkbox"/> Licensed Marriage & Family Therapist | <input type="checkbox"/> Psychologist | |

For Social Workers only, please provide state and license # _____

Organization _____

Preferred Address _____

City _____ State _____ Zip _____

Preferred phone number _____

Email (for confirmation and receipts) _____

Payment method Check Credit Card Purchase Order # _____

Purchase Order Contact and Institutional Address: _____

Card Number _____ Expiration Date _____

Your credit card's billing zip code _____ Signature _____

- I would like to receive the Brattleboro Retreat's e-newsletter.
- This is the first conference I have attended through the Brattleboro Retreat's Office of Continuing Education.

Please indicate a food preference as lunch is provided at each conference.

- non-vegetarian
- vegetarian
- gluten free
- I will be eating off site