The Linehan Institute
BEHAVIORALTECH

Registration Form

Skills Training in Dialectical Behavior Therapy: The Essentials
Co-Host: Children's Hospital of Philadelphia

July 31, 2017- August 1, 2017 | Philadelphia, PA

Quantity:

_____ Standard Tuition *(Register by July 17, 2017)* 375.00

Required Resources:

_____ Linehan, M.M. (2015) *DBT® Skills Training Manual: Second Edition.* 55.00

_____ Linehan, M.M. (2015) *DBT® Skills Training Handouts and Worksheets: Second Edition* 35.00

Subtotal: _____
Shipping*: _____
TOTAL TO CHARGE: _____

Fax forms with payment information to 1.206.675.8590 or mail to Behavioral Tech, LLC, 1107 NE 45th Street, Suite 230, Seattle, WA 98105.

Check Licensure for CE/CME Credit

- ☐ **Counselor**-Substance Abuse
- ☐ **Counselor**-Mental Health
- ☐ **Nurse**
- ☐ **Psychiatrist**
- ☐ **Psychologist**
- ☐ **Social Worker**
- ☐ **Marriage & Family Therapist**
- ☐ **Other** (Please specify)

_____

CE/CME Sign-in: 7:45am—8:30am
Training Program: 8:30am—4:30pm

100 % attendance is required to receive CE credits.

Participant 1
This information will be used for attendance and CE/CME documentation.

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

☐ I acknowledge that I understand that Behavioral Tech, LLC has a strict no recording policy.

How did you hear about this training?
❑ Mail ❑ Email ❑ Facebook/Twitter ❑ Colleague ❑ Listserv ❑ Website ❑ Other

Payment Method

☐ Check Enclosed Credit Card: ☐ Discover ☐ MasterCard ☐ Visa

Cardholder Name: _____

Card Number: _____ Exp. Date: _____

Signature: _____

E-mail to send receipt (if different from Participant 1 e-mail): _____

*Plus shipping. Shipping fees for orders of one to four items will cost approximately $15.00 for residents of the contiguous U.S. and approximately $25.00 for residents of Alaska, Hawaii, or Canada. Please contact Behavioral Tech if you wish to know exact shipping costs.

For easy online registration and complete training details, continuing education information, and information about online training, go to **www.behavioraltech.org**.

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- ☐ **Marriage & Family Therapist**
- ☐ **Other** (Please specify)

_____

Participant 2
This information will be used for attendance and CE/CME documentation.

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

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- ☐ **Social Worker**
- ☐ **Marriage & Family Therapist**
- ☐ **Other** (Please specify)

_____

Participant 3
This information will be used for attendance and CE/CME documentation.

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

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- ☐ **Social Worker**
- ☐ **Marriage & Family Therapist**
- ☐ **Other** (Please specify)

_____

Participant 4
This information will be used for attendance and CE/CME documentation.

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

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