

Registration Form

Professional Crisis Management Training

Presented by ABA of Wisconsin, LLC

DATE: November 22nd & 23rd, 2013

TIME: 8:30-3:30

Name: _____

Address: _____

Email: _____

Phone: _____

If your participation will be covered by funding other than private pay, please provide additional information below. Please discuss coverage options with your funding source prior to registration.

Service Coordinator/Funding Source Name: _____

Service Coordinator/Funding Source Phone: _____

Please **return by Monday November 19th** by email or FAX to:

Amelia McGoldrick

amcgoldrick@abaofwisconsin.org/ FAX: (630-395-9198)

Please send payment by November 19th to:

Karen Harper

8200 Woodglen Lane,

Downers Grove, IL 60516

Notes: This training requires participants to practice and demonstrate some physical skills for personal safety. Please wear comfortable clothing and shoes (no high heels please). If you have any medical or physical limitations that might affect your ability to participate please contact us prior to the training to discuss. A mid-morning snack/beverage will be provided. Lunch breaks will from 11:30-12:30 on both days. Lunch will not be provided.