

### The Bridge Training Institute - 2017 – 2018 Mail-In Registration

**Cost:** \$169 per training, includes 6 CEUs - Purchase any combination of 3 trainings and receive \$50 off the total cost.

Please indicate your workshop preferences:

#### The Clinical Experts Series

- |  |                                 |  |
|--|---------------------------------|--|
| <input type="checkbox"/> October 6, 2017   | Gender Identity- Part One       | Sidney Trantham, Ph.D.                       |
| <input type="checkbox"/> November 17, 2017 | Gender Identity- Part Two       | Sidney Trantham, Ph.D.                       |
| <input type="checkbox"/> December 1, 2017  | DBT With Families               | Jennifer Eaton, MA & M.P.. de Valdivia, LCSW |
| <input type="checkbox"/> December 8, 2017  | Non-Suicidal Self-Injury        | Barrent Walsh, Ph.D.                         |
| <input type="checkbox"/> January 26, 2018  | Youth Coping With Anxiety       | Ann Lutz, M.D.                               |
| <input type="checkbox"/> March 23, 2018    | Communication Strategies        | J. Eaton, MS & Janelle Greene, Ph.D.         |
| <input type="checkbox"/> May 4, 2018       | Mindful Self-Compassion         | M. Mariani, Ph.D. & L. Christo, LICSW        |
| <input type="checkbox"/> May 25, 2018      | Trauma Informed Care            | Joanna Bridger, LICSW                        |
| <input type="checkbox"/> June 15, 2018     | Trying to Stop Opioid Addiction | Daniel Jacobs, Psy.D.                        |

#### The Cognitive Behavior Therapy Series

- |   |                                |                                      |
|---|--------------------------------|--------------------------------------|
| <input type="checkbox"/> January 12, 2018 | CBT- Theory & Treatment Skills | S. Gregware, LMHC & A. Wolloff, LMHC |
| <input type="checkbox"/> February 9, 2018 | CBT- Depression and Psychosis  | S. Gregware, LMHC & A. Wolloff, LMHC |
| <input type="checkbox"/> March 9, 2018    | CBT- Anxiety                   | S. Gregware, LMHC & A. Wolloff, LMHC |
| <input type="checkbox"/> April 13, 2018   | CBT- Eating Disorders          | J. Thomas, Ph.D. & K. Eddy, Ph.D.    |

#### The Dialectical Behavior Therapy Skills Training Track

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> November 3, 2017  | DBT Skills Part 1 |
| <input type="checkbox"/> December 15, 2017 | DBT Skills Part 2 |
| <input type="checkbox"/> January 5, 2018   | DBT Skills Part 3 |
| <input type="checkbox"/> February 16, 2018 | DBT Skills Part 4 |

#### The Dialectical Behavior Therapy Individual Therapy Track

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> March 2, 2018 | DBT Individual Therapy Part 1 |
| <input type="checkbox"/> April 6, 2018 | DBT Individual Therapy Part 2 |
| <input type="checkbox"/> May 11, 2018  | DBT Individual Therapy Part 3 |
| <input type="checkbox"/> June 1, 2018  | DBT Individual Therapy Part 4 |

**Please indicate the type of continuing education credit requested:**

- |  |                                     |                               |
|--|-------------------------------------|-------------------------------|
| <input type="checkbox"/> American Psychological Association    | <input type="checkbox"/> MA – NASW  | <input type="checkbox"/> LADC |
| <input type="checkbox"/> MA - Licensed Mental Health Counselor | <input type="checkbox"/> MA/RI LMFT |                               |

Registrant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Pay by Check:** Mail this form and your check payable to The Bridge Training Institute, 4 Mann Street, Worcester, MA 01602

**Pay by Purchase Order:** Fax (508-755-2191) or mail your purchase order with this form to: The Bridge Training Institute, 4 Mann Street, Worcester, MA 01602 - **MA Vendor Code:** VC6000166455 **Federal ID #:** 04-2701581

#### Pay by Credit Card:

Please charge my:  VISA  MasterCard  American Express  Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Signature: \_\_\_\_\_