



THE BRIDGE TRAINING INSTITUTE

Treatments That Work

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Dialectical Behavior Therapy Consultation Team Registration

Name: _____

Email Address: _____

Telephone: _____

Select the meeting time:

Team 1 - Tuesdays, 9:15 AM – 10:45 AM EST

Team 2 - Tuesdays, 12:30 PM – 2:00 PM EST

Please indicate the type of continuing education credit requested:

American Psychological Association

MA – NASW

MA - Licensed Mental Health Counselor

Credit Card Information: Please charge my credit card \$150 on the 15th of each month.

:

VISA MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Signature: _____

Please return by: fax (508-755-2191). e-mail (stephen.murphy@thebridgecm.org) or mail (The Bridge Training Institute, 4 Mann Street, Worcester, MA 01602)

Corporate Purchase Order: Please return by: fax (508-755-2191). e-mail (stephen.murphy@thebridgecm.org) or mail (The Bridge Training Institute, 4 Mann Street, Worcester, MA 01602)

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