



# FUNDAMENTALS OF EAGALA MODEL PRACTICE TRAINING PART 2 REGISTRATION FORM

Please write in the location and dates of the Part 2 training you plan to attend.  
Registration deadline is 2 weeks prior to the starting date.

Location: \_\_\_\_\_

Date: \_\_\_\_\_

**Schedule:** 8:30 a.m. - noon, 1:00 p.m. - 5:00 p.m. daily (end by 4:00 p.m. on day 3) (Lunches included!)\*

**Attendance:** You must attend the *entire* training for successful completion. Attending the training does not guarantee successful completion for certification. *Please contact us if you have any special needs or questions.*

**Cost:**

**\*NOTE:** *The training price includes lunches/refreshments and training materials. Part 2 trainings are limited to 20 attendees (Part 1 is required prior to Part 2!). \*\* Professional Development Portfolio will need to be submitted. Information will be mailed to you with your receipt!*

Individual: \$600.00

Group discount (two or more people): \$550.00 per person.

Student rate: \$500.00 per person

VISA, MasterCard, and Discover are accepted.

**Refund Policy:** 100% refund up to two weeks prior to the training. After that, refunds are available minus a \$100 administrative fee per person.

**Names and Job Titles (or licensure if applicable) of Attendees:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cost:** Individual (\$600.00) or \_\_\_\_\_ X \$600.00 = \_\_\_\_\_ +

Group rate (\$550.00 per person).

Number of individuals: \_\_\_\_\_ X \$550.00 = \_\_\_\_\_ +

Student rate (\$500.00 per person).

Number of individuals: \_\_\_\_\_ X \$500.00 = \_\_\_\_\_ +

Returnee - attended Part 2 previously (\$300.00)

Number of individuals: \_\_\_\_\_ X \$ 300.00 = \_\_\_\_\_ =

Total Cost: \_\_\_\_\_

Enclosed: \_\_\_\_\_

Please make checks payable to EAGALA in U.S. dollars. VISA, MasterCard, Discover accepted.

**Special Needs for Lunches (i.e. vegetarian?):** \_\_\_\_\_

**Payment by Credit Card:** Circle: VISA    MasterCard    Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CSC (3 digit # on back of card): \_\_\_\_\_ Amount to be charged: \_\_\_\_\_ Signature: \_\_\_\_\_

**Space is limited and spots can fill fast, so register soon!**  
**Call and confirm space is available prior to making your travel arrangements.**