

ASIST (Applied Suicide Intervention Skills Training)

Registration Form

Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Employer _____ Position _____

Where did you hear about this training? _____

Please list any special accommodations _____

- Please enclose a check payable to Foundations Counseling and Consultation Services in the amount of \$150.*
- Payment may also be submitted online through PayPal at www.foundationssccs.com

Submit registration form and payment no later than March 6th to:

Foundations Counseling & Consultation Services, LLC

500 Abernethy Rd #6

Oregon City, OR 97045

For questions, additional information or to check space availability, email paige@foundationssccs.com or call Paige Hirt at 503-953-5769

*Full refunds available for cancellations received by 3/6/14