



The Mental Health Center
of Greater Manchester

Tel: 603-668-4111 ~ www.mhcgm.org

Training Announcement: 06-24-19



DBT FOR NON-DBT PRACTITIONERS

**REGISTRATION FORM – Monday, March 2nd, and Tuesday,
March 3rd, 2020**

- Cost:**
- **\$300.00 (both days)**
 - Please make checks payable to: **MHCGM**

Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM

ATTN: Charlene Kach, Continuing Education

2 Wall Street

Manchester, NH 03101

Tel: 603-854-8384

E-MAIL: kachchar@mhcgm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

(Required for confirmation & directions.)

Registration fee in the amount of \$ _____ Master Card Visa Discover

Credit Card #: _____ Expiration Date: _____ CVV code on back _____

Name on Card: _____ Signature: _____

Billing Address of Credit Card: _____

If using your personal credit card please provide the credit card billing address.

Date Received by MHC-GM: _____

Reservation #: 005573-

To register and pay online by credit card: <https://www.mhcgm.org/events/>

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