

# Washburn Training Institute Training Registration Form



## Training Information

Training Name: \_\_\_\_\_

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

Registration fee: \_\_\_\_\_

**Location:** United Health Foundation Training Institute at Washburn Center for Children  
1100 Glenwood Ave  
Minneapolis, MN 55405

Please return completed registration form to [traininginstitute@washburn.org](mailto:traininginstitute@washburn.org)  
or fax to 612.871.1505, Attn: Training Institute

## Participant Information

First Name:		Last Name:	
Organization:		Clinical Licensure (if applicable):	
Email address:			
Mailing address:			
City:	State:	Zip:	
Phone number:			
<b><u>Dietary Restrictions</u></b>			
Vegetarian	Vegan	Dairy-free	Gluten-free
Other      Please specify:			

You will receive a confirmation notice via email once your payment has been received and you have been enrolled in our Learning Management System (LMS).

Visit our LMS: <http://washburntraininginstitute.org>

**Cancellation policy:** Full refunds may be given for cancellations or changes at least one week prior to the training. Refunds less than one week prior to the training will be considered on a case-by-case basis.