

# Washburn Training Institute Training Registration Form



## Training Information

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

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

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

*Payable to Washburn Center for Children*

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

## Participant Information

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

***Please mail completed registration form and payment to:***

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

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 at <http://www.washburntraininginstitute.org>

**Cancellation policy:** Full reimbursement will be given for cancellations at least a week prior to the training. No refunds will be given less than a week prior to the training.