

# Washburn Center Training Institute Training Registration Form



## Training Information

Training name: \_\_\_\_\_

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

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

Discount code (if applicable): \_\_\_\_\_

**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>