

Washburn Center Training Institute Training Registration Form

Training Information

Training Name: _____

Training Date (Day 1, if multi-day training): _____

Registration Date: _____

Registration Fee: _____

Discount Code (if applicable): _____

Participant Information

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

Return completed form to the address below, to traininginstitute@washburn.org,
or fax to 612.871.1505, Attn: Training Institute

You will receive a confirmation notice via email once your payment is received.

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

<http://www.washburntraininginstitute.org>

