

GENERIC REGISTRATION FORM

CFL / DHHS Trainings—USE THIS FORM ONLY FOR CFL-Sponsored Trainings

Do Not Use This Form for Outside Workshop Allocation Requests

You may fill in this form online and then print – or print blank form and fill in by hand.

Name of Training:	
Date(s) of Training:	Today's Date:
Facility:	Location:
For DHHS Employees-- Supervisor's Signature:	

NAME:
TITLE:
AFFILIATION:
ADDRESS:
SS #: <small>(For registration database only. Will not be given out.)</small>
PHONE:
EMAIL:
FAX:
SPECIAL ACCOMMODATIONS:

Please check all that apply:

- Administrator
- Advocate
- Case Manager
- Clerical
- Clinician
- Community Member
- Consumer
- Crisis Worker
- Nurse
- Physician
- Social Worker
- Supervisor

- MH
- MR
- SA
- Trauma
- Children

- BDS
- Provider Agency
- DHS
- DOC
- Region I
- Region II
- Region III
- Central Office

Please complete this form and fax or mail it to the CFL contact person listed on the workshop page:

CFL Contact: _____

USM, Muskie School
Center for Learning
295 Water Street
Augusta, ME 04330

Fax Number: 626-5022

If you want to register for a **CONFERENCE** that has workshop selections, please use the Registration Form in that Conference's brochure. If you do not receive the brochure, email or call the CFL contact person listed in the catalog and one will be sent to you.