



# Working with Children and Youth who have Experienced Trauma

## Registration Form

To register for this program, please complete this form, and press SUBMIT or print and email it to: Megan Rees-Jones at: mreesjones@radiuschild-youthservices.ca.

### Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Role/Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Add my email address to your mailing list to receive future emails: Yes: No: .....

### Program Choice:

Please check off ONLY ONE option:

**Series A: Providing Comprehensive Assessment and Treatment for Children and Youth who have Experienced Trauma** (9 workshops plus 1 bonus workshop)

#### CHILDREN'S MENTAL HEALTH AGENCIES IN ONTARIO

Individual Participants ..... \$550 per person

Agency Cost for 3 or More Participants ..... \$475 per person

#### CHILDREN'S MENTAL HEALTH AGENCIES OUTSIDE OF ONTARIO

Individual Practitioners ..... \$725 per person

### Payment Options:

**Payment by Credit Card:** Please call Megan Rees-Jones at: 416.744.9000, ext. 350 to verify payment over the phone

**Invoice:** Agencies may have Radius invoice for training by calling Megan Rees-Jones at: 416.744.9000, ext. 350