THRES OLDS

Thank you for visiting the Thresholds website (www.thresholds.org) and inquiring about attending our training programs.

You may register for seminars, providing space is available, for a fee of:

- Twenty dollars (\$20.00) per person per 1 hour session
- Forty dollars (\$40.00) per person per 2.0 hour session
- Sixty-dollars (\$60.00) per person per half-day /three hour session
- One hundred dollars (\$100.00) per person per full day / six hour session
- One hundred fifty dollars (\$150.00) Visitors (5-6 hour visit/per person cost. Please call to schedule.)

All fees are due in advance by check or money order payable to Thresholds.

Once you have chosen the courses you would like to attend, fax the attached registration form to us at 773.537.3555, or mail the completed form to Thresholds Training Department, 4101 N. Ravenswood Chicago, IL. 60613. You may also register by phoning us at 773 572.5253.

Please register early. Seating varies by training location, and there may be limited availability. If you register for a training but will not be able to attend, you must notify us no later than fourteen (14) business days before the training in order to receive a refund, or no later than three (3) business days before the training to receive credit towards another registration. Canceling with less than three (3) business days' notice will result in forfeiture of your registration fee.

All training sessions have been approved for Licensed Counselor and Social Worker CEU's. And most have been approved by IAODAPCA for CEU certificates which will be available at the end of each class. All fees must be paid prior to attending any session. All workshops begin promptly at the time designated in the Training Schedule.

Plan to arrive 10-15 minutes early to check in on the day of the training. Late admission (20 minutes or more after the scheduled start of the session) will not be permitted, as this is disruptive to the learning process. Thank you again for your interest in our training seminars.

Please feel free to call if you have additional questions or would like more information.

Sincerely,

Nancy Little, MA, LCPC Director of Training



Training Registration Form

(773) 572-5253 Phone (773) 537-3555 Fax

Registrant Information:		
Name:		
Address:		
City, State, Zip:		
Daytime Phone:		
Fax Number:		
License/Certification		

- □ I am requesting CEUs.
- □ Please send CEU certificate via email after completion of training.
- □ Please provide hard copy of CEU certificate at time of training.

My email address is ______.

Date	Title	Location	For Thresholds Use Only

Information is for Thresholds Use Only.

Amount Due: \$_____

\$

Amount Received