



# TRAUMATIC STRESS INSTITUTE

## Training Registration Form

Registration may be submitted by mail or fax to the address and fax number listed below, or may be e-mailed to [megana@klingsberg.org](mailto:megana@klingsberg.org). Payment is expected at the time of registration. We will refund the registration fee minus a \$30 processing fee for cancellations two weeks prior to the training. No refunds will be made for cancellations inside two weeks.

*Please complete a separate registration form for each person attending.*

Training for Which You are Registering: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Method of Payment: Check, money order, VISA, or Master Card  
(Please make checks payable to: TREATI)

Type of Credit Care (VISA or Master Card) : \_\_\_\_\_

Credit Card # \_\_\_\_\_

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

Name on card: \_\_\_\_\_

Signature \_\_\_\_\_

### Registration Mailing Address:

Megan Albanese  
Klingberg Family Centers  
370 Linwood Street  
New Britain, CT 06052  
Phone: 860-832-5514;

Fax: 860- 832-8221

Email: [megana@klingsberg.com](mailto:megana@klingsberg.com)