

# REGISTRATION FORM

## TRIPLE P AMERICA

**Holiday Inn LAX • 9901 La Cienega Blvd. • Los Angeles, CA 90045**

Please check the box to the training you would like to register for. You will be billed from Triple P for the course you have checked below.

|                          | Training Courses and Resources      | Training Dates    | Accreditation Dates | Early Bird Price | Price(after early bird cut-off) |
|--------------------------|-------------------------------------|-------------------|---------------------|------------------|---------------------------------|
| <input type="checkbox"/> | Standard Triple P (Level 4)         | April 4-6, 2011   | May 16-17, 2011     | \$1,809.75       | \$1,905.00                      |
| <input type="checkbox"/> | Group Triple P (Level 4)            | April 7-9, 2011   | May 18-19, 2011     | \$1,809.75       | \$1,905.00                      |
| <input type="checkbox"/> | Pathways Triple P (Level 5)         | April 11-12, 2011 | May 20-21, 2011     | \$1,320.20       | \$1,390.00                      |
| <input type="checkbox"/> | Primary Care Triple P (Level 3)     | April 13-14, 2011 | May 23-24, 2011     | \$1,558.00       | \$1,640.00                      |
| <input type="checkbox"/> | Selected Seminar Triple P (Level 2) | April 15, 2011    | May 25, 2011        | \$750.50         | \$790.00                        |

**PLEASE PRINT**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Discipline: \_\_\_\_\_

County: \_\_\_\_\_ Organization: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ ADA/Dietary Needs: \_\_\_\_\_

P.O # \_\_\_\_\_ Check # \_\_\_\_\_

**BILLING INFORMATION:**

Accounts Payable Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CREDIT CARD INFORMATION:**

Amount of Charge: \_\_\_\_\_ Visa/Mastercard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Please contact the Holiday Inn LAX** directly to make your guest room reservation. Ask for the \$95.00 group rate for the Triple P training, (310) 649-5151.

**Early bird prices** are guaranteed if paid by Saturday, March 5, 2011.

**Cancellations:** In case of a cancellation after March 15, 2011, registration costs will be refunded less an administrative fee. If participants believe they cannot attend the scheduled accreditation date, an alternate accreditation options will be offered. However, accreditation must be completed on or before the listed accreditation date. Alternated arrangements will be negotiated and set with the trainer during the initial training session.

**Included in the cost of training:** All training materials Training and accreditation, Continental breakfast, breaks and lunch on each day of the training.

**MAIL OR FAX COMPLETED REGISTRATION FORM ON OR BEFORE FRIDAY, MARCH 25, 2011.**

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH**

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