



## Continuing Education Application

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

LCSW or LMSW License Number: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

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

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

Course Name: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Course Fee: \_\_\_\_\_ # of CEUs: \_\_\_\_\_

Payment Information:

☐ Visa ☐ MasterCard ☐ American Express ☐ Check ☐ Purchase Order# \_\_\_\_\_

Name: \_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_ Billing Address

No. \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV Code \_\_\_\_\_ (on back of card) City, State Zip Code

Signature \_\_\_\_\_

### Payment Instructions:

#### Via check: mail this form and payment to:

SATRI/Parsons Child and Family Center  
Attn: Sheila Frank  
60 Academy Road  
Albany, NY 12208

#### Purchase Order:

Fax this completed form purchase order to:

**518. 426. 2850** Or

Email [continuingeducation@parsonscenter.org](mailto:continuingeducation@parsonscenter.org)

### Credit Card payments:

Please go to: <http://www.parsonscenter.org/training-and-research/continuinged/> and choose the correct Link associated with the training.

To avoid any delays in processing your reservation, please make sure that **all areas are completed** and that payment arrangements have been made and indicated. You will be sent a confirmation email once payment is received.

