

2020 BERKSHIRE SUICIDE PREVENTION CONFERENCE

*Best Practices in Suicide Prevention
for High Risk Populations
in Berkshire County*

Friday, May 8, 2020 8:30 am – 4:30 pm



Purchase Order Authorizing Point of Contact:

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

TOTAL REGISTRANTS:

Conference Only Total: _____ x \$60 = \$ _____

Conference & Credits: _____ x \$90 = \$ _____

REQUEST FOR PURCHASE ORDER REGISTRATION

FOR MULTIPLE REGISTRATIONS PLEASE COMPLETE LINE PER ATTENDEE (CONFERENCE AND CREDIT REGISTRATION ON PAGE 2)

REGISTRANTS FOR CONFERENCE ONLY - \$60.00/PERSON

1. Name: _____ Phone: _____ Email: _____

2. Name: _____ Phone: _____ Email: _____

3. Name: _____ Phone: _____ Email: _____

4. Name: _____ Phone: _____ Email: _____

5. Name: _____ Phone: _____ Email: _____

6. Name: _____ Phone: _____ Email: _____

7. Name: _____ Phone: _____ Email: _____

8. Name: _____ Phone: _____ Email: _____

9. Name: _____ Phone: _____ Email: _____

10. Name: _____ Phone: _____ Email: _____

11. Name: _____ Phone: _____ Email: _____

12. Name: _____ Phone: _____ Email: _____

13. Name: _____ Phone: _____ Email: _____

14. Name: _____ Phone: _____ Email: _____

15. Name: _____ Phone: _____ Email: _____

16. Name: _____ Phone: _____ Email: _____

17. Name: _____ Phone: _____ Email: _____

18. Name: _____ Phone: _____ Email: _____

19. Name: _____ Phone: _____ Email: _____

20. Name: _____ Phone: _____ Email: _____

REGISTRANTS FOR CONFERENCE AND CREDITS - \$90.00/PERSON

CREDITS LIMITED TO THE FOLLOWING DISCIPLINE: LADC, LMFT, LMHC, OEMS, Psychology, RN, Social Work (SELECT ONE FOR EACH ATTENDEE)

1. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

2. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

3. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

4. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

5. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

6. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

7. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

8. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

9. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

10. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

11. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

12. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

13. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

14. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

15. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

16. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

17. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

18. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

19. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____

20. Name: _____ Phone: _____ Email: _____ Credit Discipline: _____ License No: _____ License State: _____