

**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**



MAIL-IN REGISTRATION FORM

**Payment (Check or Money Order)
must be enclosed to reserve space**

**FOR MULTIPLE REGISTRATIONS PLEASE
COMPLETE ONE FORM FOR EACH ATTENDEE**

1. Contact Information: (Please Print)

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

At least one email is required:

Work Email: _____

Home Email: _____

2. Registering for Credit Hours:

2A. Please mark checkbox for discipline:

(Note: Only one discipline can be selected):

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Social Work | <input type="checkbox"/> LADC |
| <input type="checkbox"/> LMHC | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> LMFT | <input type="checkbox"/> OEMS |
| <input type="checkbox"/> RN | |

**2B. Required information for credit registration,
please do not leave blank or we cannot process:**

Profession: _____

License State: _____

License No: _____

Total Fee Enclosed (Choose one):

- | | |
|--------------------------------------------------------|---------|
| <input type="checkbox"/> Registration with NO Credits: | \$60.00 |
| <input type="checkbox"/> Registration with Credits: | \$90.00 |