

# HOUSTON GALVESTON INSTITUTE

## REGISTRATION FORM

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

Company: \_\_\_\_\_

License Type(s): please check all that apply     LBSW     LCSW     LMSW     LMSW-AP  
 LCDC     LMFT     LPC     Licensed Psychologist     Other (please specify) \_\_\_\_\_

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

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

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

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

(please check one) \* I give my permission to release  All  None  Some (please specify, i.e Address, Work and Cell phone number) \_\_\_\_\_ on a class roster to participants in the program.

Training Program & Dates \_\_\_\_\_

How did you hear about the training?     Trainer     Colleague     Email     HGI website  
 APA website     Other (please specify) \_\_\_\_\_

Payment Amount: \_\_\_\_\_ By: Cash, Check # \_\_\_\_\_ or

Visa / MC / AMEX # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yy)

Authorization/Signature: \_\_\_\_\_

(if paying with Credit card)

**Please fax to 713-528-2618 Attn: Jessica Austin**

### Public Policy Statement

**Cancellation:** Fee is non-refundable unless a program is filled, canceled or the refund is requested one week prior to the training date(s). There is a \$25 administrative fee for all cancellations. **No Show:** There is an administrative fee within the range of \$25-\$150 depending on the program rates for no show. Your credit card on record will be charged as per cancellation or no show rates. This enables us to ensure attendance for our presenters and cover/reduce any unnecessary expenses.