

## REGISTRATION INFORMATION & TRAINING POLICIES

1. Registrations must be received 5 business days before the training;
2. Payment by check, purchase order or credit card must accompany registration. We will email you a confirmation letter with training logistics, site information, inclement weather instructions and directions one-two weeks prior to the training, conference or forum. **No phone, fax or registrations without payment will be accepted.**
3. No refunds will be issued for cancellations made by the registrant. If you notify us of a cancellation more than one week prior to the training, you can transfer your fee to a different training offered during this school year. No fees may be transferred for cancellation received within one week of the training. If we cancel or reschedule a training for any reason, you will have a choice between a fee transfer or refund.
4. For trainings requiring “teams” to register, the “team pricing” applies only to groups of 3-10 people from the same school, organization or program. A maximum of 5 people per team for mentoring trainings will reflect the per team cost.
5. For those trainings that are free of charge, please notify us at (860) 523-8042 if you need to cancel your registration.

### **Continuing Education Units** *(For Certified Teachers Only)*

Participants must attend 100 % of the training to receive CEUs. **SOCIAL SECURITY NUMBERS:** In order to receive CEUs, your social security number must be provided with the registration form. Please include the social security number for every person attending the training who wants to receive a CEU. The CEU certificate will be handed out at the end of the training.

### **Certified Prevention Professional Credential/Reciprocity**

Prevention practitioners who are interested in receiving their Certified Prevention Professional credentials or reciprocity (CPP or CPP-R) will receive a prevention certificate for those trainings indicated. Participants must attend 100% of the training. The certificate will be handed out at the end of the training. The credentials are offered through the Connecticut Certification Board. To learn more about the Connecticut Certification Board visit [www.ccb-inc.org](http://www.ccb-inc.org) or call (860)633-6572.

### **Police Officer Standards Training Council Credits**

Police Officer Standards Training Council (POSTC) credits are offered for those trainings where law enforcement personnel are listed in the ‘Who Should Attend?’ category.

### **Technical Assistance**

Technical assistance includes over-the-phone and/or on-site support:

- Pre-training meetings or discussions;
- Assistance during the course of training;
- Post-training support; and
- Assistance with program evaluation.

Call (860) 523-8042 for technical assistance.

### **Sponsors**

This guide and The Governor's Prevention Partnership trainings are made possible through funding from the CT Department of Mental Health and Addiction Services, the Robert Wood Johnson Foundation and the CT Office of Policy and Management. This allows The Governor's Prevention Partnership to offer them at no fee.

## TO REGISTER

**Payment  
must  
accompany  
registration**

- Please review the Registration Information on the previous page;
- Make as many copies of the registration form as necessary, and keep the originals for reference;
- If you are registering as part of a team, please send all team registrations together and indicate the primary contact person on each registration form;
- If you are submitting a purchase order, please fax your registration to 860/236-9412 prior to forwarding to your business office;
- \* Indicate Social Security number on the registration form if you wish to receive CEUs (*for certified teachers only*);
- Remember to include the name, date of the training and the amount due;
- Registration must be received 5 business days before the training;
- Make checks payable to *The Governor's Prevention Partnership*; and
- Enclose payment with form and mail to:

**The Governor's Prevention Partnership  
30 Arbor Street, Hartford, CT 06106**

**Please submit a separate registration form for each training you would like to attend.**

Name (Mr/Ms): \_\_\_\_\_ Last 4-digits of Social Security(CEUs Only): \_\_\_\_\_

School/Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

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

Are you registering as part of a team?  yes  no

If yes, who is the primary contact person for your team? \_\_\_\_\_

**Training Title:** \_\_\_\_\_ **Training Date:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**Method of Payment:**

Check# \_\_\_\_\_ PO# \_\_\_\_\_ MasterCard# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Visa# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_

Signature on Credit Card: \_\_\_\_\_

***Send us your e-mail address!***

Please provide us with your e-mail address so we can update you on the latest training information.  
E-mail us at [training@preventionworksct.org](mailto:training@preventionworksct.org)