

**REGISTRATION FORM**

**Advanced Assisting Individuals in Crisis**

Friday February 24, 2023 & Saturday February 25, 2023

Persons who are interested in attending the training must complete the registration form and send the appropriate payment. Please complete a new registration form for each registrant. *All registrants will be notified whether or not they have been accepted into the class.* REGISTRATION CLOSES ON FRIDAY FEBRUARY 17<sup>TH</sup>, 2023 AT 4:30PM.

**Two-Day Course Fee Schedule: \$150.00 USD**

**Lunch will be provided both days.**

**PAYMENT MUST BE RECEIVED BY THE FEBRUARY 17<sup>TH</sup> DEADLINE** and can be made by personal check, business check, money order or purchase order payable to the Western New York Law Enforcement Helpline, Inc. **Cancellations received by February 17<sup>th</sup> will be accepted and the check returned or destroyed. For all others, payment will be retained for costs already accrued from your initial registration.**

Please LEGIBLY PRINT your name *exactly* as you would like it to appear on your certificate of completion, and complete all sections listed below.

**PLEASE NOTE: Submission of your registration fee indicates acknowledgement of and agreement to our no refund policy for cancellations received after Friday, February 17th. Unfortunately, no exceptions will be considered.**

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

Agency: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_

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

<p><b>Payment Method:</b></p> <p><input type="checkbox"/> Personal Check</p> <p><input type="checkbox"/> Agency Check</p> <p><input type="checkbox"/> Please invoice my agency</p> <p>Email Contact: _____</p>
<p><b>Prerequisite Course Completion</b></p> <p>Please check if you have completed the following course:</p> <p><input type="checkbox"/> Assisting Individuals in Crisis (also known as Individual Crisis Intervention &amp; Peer Support)</p>

**We recommend that you provide a permanent vs. a work email address to ensure communication can be maintained should your employment location or status change.**

Discipline(s):	_____ Police	_____ Clergy / Chaplaincy
	_____ Fire	_____ Medical / Hospital
	_____ EMT / Paramedic	_____ Public Health
	_____ Dispatch	_____ Mental Health
	_____ Corrections	_____ Employee Assistance Program
	_____ Probation	_____ Elementary / Middle / High School
	_____ Military	_____ College / University
	_____ HazMat	_____ Other - Please Specify

Please submit the completed form to Cheryl Kennedy via mail or email:

Address: 7118 Michael Road, Orchard Park, New York 14127  
Email: [ckennedy@wnyleh.org](mailto:ckennedy@wnyleh.org)

**PLEASE NOTE:** If you submit your registration via mail, please email Cheryl Kennedy at [ckennedy@wnyleh.org](mailto:ckennedy@wnyleh.org)

**If you need to cancel, please notify Cheryl Kennedy as soon as possible so that we may fill your seat with another registrant.**