

**Registration form
Supervision Institute
Training Program Fall 2009 – Spring 2010**

Name: _____

Address: _____

Phone number: _____

Email: _____

Please check the appropriate session/s you will be attending:

- | | | |
|---|-----------------|--------------------------------|
| <input type="checkbox"/> Friday, October 30, 2009 | \$ 65.00 | \$70.00 at the door - Workshop |
| <input type="checkbox"/> Friday, February 5, 2010 | \$ 65.00 | \$70.00 at the door - Workshop |
| <input type="checkbox"/> Friday, March 5, 2010 | \$ 30.00 | Consultation Session |
| <input type="checkbox"/> Friday, April 9, 2010 | \$ 65.00 | \$70.00 at the door - Workshop |
| <input type="checkbox"/> Friday, May 14, 2010 | <u>\$ 30.00</u> | Consultation Session |

TOTAL: \$ _____

Check payable to: Supervision Institute - University of St. Thomas

Please return completed form to:

Pam Kilpatrick
School of Social Work
University of St. Thomas/St. Catherine University
2115 Summit Avenue SCB 201
St. Paul, MN 55105

Map of St. Catherine University:
http://minerva.stkate.edu/aboutus.nsf/pages/our_locations