

Peak Experience Training Course Registration Form

Course _____ Dates _____ On-site Lodging? Yes / No

Name _____ Program _____

Current Position _____

Years in wilderness/residential programming _____

Other programs worked _____

Years working with adolescents _____

Types of settings _____

Education level: Degree _____ Field of study _____

Certifications: _____

Seminars or trainings attended relevant to the CFR: _____

Contact Information

Address of program

Home or mailing address

Street

Street

City State Zip

City State Zip

Phone

Phone

Email

Email

Emergency Contact: _____

Name

Relationship

Phone

Payment Information

Amount \$ _____ (Note applicable discounts: _____)

Send Payment to: **Peak Experience Training, 420 Williamson Way, Ashland, OR 97520**

Received by _____ Date _____