

***Make Parenting A Pleasure®* Level II Training Registration**

Please complete and mail, fax or email both pages of the registration form to
Parenting Now! attention Connie Rose at: 541-484-1449

Dates: Thursday and Friday, March 1 & 2, 2012
Times: Thursday, 9 am – 5 pm and Friday, 9 am – 3 pm
Where: *Parenting Now!*
86 Centennial Loop, Eugene, OR 97401
866-310-4601
www.parentingnow.org

Cost:
Option 1 \$325 without the *Make Parenting A Pleasure®* *READYKIT*
Option 2 \$450 with the *Make Parenting A Pleasure®* *READYKIT* (\$24 savings)

Billing Information

Name _____
Title _____
Organization _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Choose registration option



Option 1
\$325
Without
READYKIT



Option 2
\$450
With
READYKIT

If you order the *READYKIT* you can pick it up at the training or we can ship it to you now for a \$6 s/h fee. Please indicate choice.

Ship _____ Pick up _____

Learn more about the [READYKIT](http://www.parentingnow.org) by going to our website.

Cancellations will be accepted in writing up to 14 days prior to the training with full refund. Cancellations given with less than 14 days notice is as follows: A credit will be issued for all but \$50 of the training fee and may be applied to a future training. Credit must be used within **one year**. This credit may be used by anyone from the organization.

Payment is due at least two weeks prior to training. Make checks payable to: *Parenting Now!*

Please complete one registration for each individual attending

86 Centennial Loop ~ Eugene, Oregon 97401
Phone: 541-434-4350 Toll Free: 866-310-4601 Fax: 541-484-1449
Email: PN@parentingnow.org Website: www.parentingnow.org

***Make Parenting A Pleasure*[®] Level II Training Registration**
March 1 & 2, 2012

Trainee Name: _____ Title: _____

Trainee Email: _____

Trainee Phone: _____ Fax: _____

Organization Name: _____

Organization Address: _____

City: _____ Zip Code: _____ Phone: _____

Does trainee need any special accommodations? Yes / No

1. If yes, please explain _____

2. Has trainee attended a *MPAP* training through *Parenting Now!*? Yes / No
If yes, when?

If yes, tell us where?

Does trainee need vegetarian meals?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. Has trainee supervised and/or facilitated one or more *MPAP* parenting groups? Yes / No
If yes, tell us:

How many groups: _____

Average number of parents in each group: _____

Population of parents served: _____