

APCM CISM TRAINING

REGISTRATION FORM Location _____

NAME _____ **Discipline** _____

ADDRESS _____

CREDIT CARD # _____ **EXP DATE:** _____

PHONE # WK _____ **HM** _____

E-mail _____

**Make checks payable to APCM:
 Circle All that Apply**

*Fax or e-mail your registration to: 907-346-4727 / staff@apcm.org
 SEATING IS LIMITED TO (30) THIRTY per course. Please register quickly and submit
 your payment. Ask for group discount for 10 or more attendees.*

GROUP – INDIVIDUAL - PCI - ADVANCED CISM - 3 Day Combined

2011 price list:

- | | | |
|--|---------------|-------|
| 1 - Individual - Peer Support | \$250. | _____ |
| 2 - Small Group | \$250. | _____ |
| 3 - Advance Group | \$250. | _____ |
| 4 - Pastoral CISM | \$250. | _____ |
| 5 - Suicide: Pre, Post and Intervention | \$250. | _____ |
| 6- 1 AND 2 THREE DAY COMBINED | \$350. | _____ |

TOTAL \$ _____

Paid on line “PayPal” at <apcm.org>

Web site: www.apcm.org

e-mail: staff@apcm.org