Touchpoints Training Registration

June 22nd & June 23rd, 2012 (8:30 a.m. – 5:30 p.m.)

***Attendance at both days of training is required for completion**

Participant Name: _____
Professional Title: _____
Email Work: _____
Email Other: _____
Organization Name and Mailing Address: _____
_____
_____

Years in the field: _____
Degree(s): _____
Phone Work: _____
Organizational Leader (e.g. Exec Director/CEO, etc.):
Name: _____
Email: _____
Phone: _____

Current professional responsibilities (Please check all that apply and provide a brief description of your note.)

- ☐ Direct Service _____
- ☐ Program Management _____
- ☐ Supervisor _____
- ☐ Leadership _____
- ☐ Other _____

What ages do you work with? _____

Brief professional experience/history: _____
_____
_____

What is your primary goal as an individual in attending Touchpoints training? What are you hoping to learn?
_____
_____

We want to be the best learning experience for you as possible. To that end, is there anything else you would like the Touchpoints trainers to know? _____

How would you like to implement Touchpoints principles after the training? _____
_____

How did you learn about this training? _____

The total cost of this two-day Bank Street College of Education/Brazelton Touchpoints professional development collaborative training is: $550. Please choose your method of payment.

☐ Check (Payable to Bank Street College and send to: Arlene Uss, Bank Street College, 610 West 112th Street, NY, NY 10025) or fax to: 212.961.3425 or email: auss@bankstreet.edu

☐ Mastercard ☐ Visa Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date: ☐☐/☐☐ Security Code (3 numbers on back of card): ☐☐☐

Name on Card: _____
Address of Card Holder: _____
Signature: _____ Date: _____

For more information regarding Touchpoints please visit: www.brazeltontouchpoints.org or contact: Mai Nguyen at mai.nguyen@childrens.harvard.edu

NOTE: *I understand that upon completion of this training I will be able to use Touchpoints materials in my practice. I also understand that my Touchpoints training does not authorize me to conduct trainings in the Touchpoints model.*

Signature _____ Date _____

Bankstreet Graduate School of Education

Brazelton Touchpoints Center