**ZOOM OPEN ENROLLMENT – DECEMBER**

**ALL TRAININGS/PRE ACCREDITATION/ACCREDITATIONS WILL BE HELD IN THE CENTRAL TIME ZONE**

**PLEASE DO NOT SUBMIT HAND WRITTEN FORMS.**

**Disclosure of Disability.**

If the registrant has a disability which might affect participation in the training and accreditation or work as a practitioner please provide details below. The disability could include, but not be limited to, loss of sight (not corrected by glasses or contact lenses), loss of hearing (not corrected by a hearing aid), or speech difficulties. Timely notification will enable Triple P America to ensure that, if possible, provision for the accommodation of the course participant is provided for adequately. Triple P America may contact you further to discuss.

Details:

**We ship physical training resources. We need one week minimum lead time for registration.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: |  | | | |
| COMPANY: |  | | | |
| **TYPE** | RESIDENTIAL ADDRESS  BUSINESS ADDRESS | | | |
| ADDRESS: (**NO PO BOX**) |  | | | |
| CITY, ST ZIP: |  | | PHONE: |  |
| EMAIL OF ATTENDEE: | |  | | |
| **MANAGER EMAIL TO CC ON CONFIRMATION:** | |  | | |

RESOURCES WILL BE MAILED TO THE ADDRESS ABOVE UNLESS YOU SPECIFY A DIFFERENT ADDRESS HERE:

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY NAME:** |  | | |
| **ADDRESS: (NO PO BOX)** |  | | |
| **CITY, ST ZIP** |  | **Phone:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **X** | **Course** | **Target Age** | **Training** | **Pre-Accred** | **Accreditation** | **COST** |
|  | Level 4 Group Stepping Stones | 2-12 | DEC 5-7 | **DEC 19** | JAN 9-10 | $2,720 |
|  | Level 3 Discussion Group & Discussion Group Teen Ext. | 0-12 & Teen | DEC 7-9 | **DEC 28** | JAN 18 | $3,125 |
|  | Level 4 Group Lifestyles | 0-12 & Teen | DEC 12-14 | **JAN 4** | JAN 18-19 | $2,670 |
|  | Level 4 Group Extension (*must have had Primary Care or Standard*) - ***NEW*** | 0-12 | DEC 12-13 | **NA** | JAN 18-19 | $1,875 |
|  | Level 3 Primary Care Teen | Teen | DEC 12-13 | **JAN 4** | JAN 18-19 | $2,295 |
|  | Level 4 Standard | 0-12 | DEC 14-16 | **JAN 5** | JAN 25-26 | $2,590 |
|  | Level 4 Group | 0-12 | DEC 19-21 | **JAN 9** | JAN 30-31 | $2,590 |
|  | Level 3 Primary Care | 0-12 | DEC 29-30 | **JAN 19** | FEB 2-3 | $2,205 |

**Participants may not share training links with anyone else.**

**Participation in this training requires survey feedback to the trainer. Failure to do so leaves participants ineligible for accreditation.**

**REFUND AND CANCELLATION POLICY:**

All Refund and Cancellation requests must be made in writing. Please contact the Training Coordinator at [kristin@triplep.net](mailto:kristin@triplep.net) .

In case of a cancellation on behalf of the registrant, on or before one week prior to first day of training registration costs an administrative fee of $250.00 will be charged.

In case of a cancellation on behalf of the registrant, 6 or fewer days before training registration costs an administration fee of $500.00 will be charged.

Cancellations received two days or less prior to training, or registrants who do not show up at training will be charged the full registration fees.

Registrants who leave training prior to completion are not eligible for refund of any part of registration fees.

If you cancel your enrollment on or after your start date there will be no refund.

Triple P reserves the right to cancel this training no later than two weeks prior to the training date if registration numbers are too low to hold an effective training. If cancellation on behalf of Triple P occurs, all registration fees will be returned to the registrant.

TPI reserves the right to change its fees and conditions, cancel or defer courses, and to alter course timetables and class locations at any time without notice.

Payment Details - **Registrations cannot be accepted, or confirmed without accounts payable information filled in regardless of payment method provided.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| COMPANY NAME |  | | | | | |
| AP Contact NAME |  | | EMAIL: | |  | |
| ADDRESS: |  | | | | | |
| CITY, ST ZIP: |  | | PHONE: | | |  |
| **Choose Payment Method Below** | | | | | | |
| **DO NOT LIST CREDIT CARD NUMBER ON FORM** | | | | | | |
| Invoice for amount: | $ | We will mail Check: | |  | | |
| Send PayPal Link |  | Credit Card | |  |  | |
| Credit Card Name: |  | Credit Card Contact Phone: | |  | | |
| **Once the invoice is created, our finance officer will reach out for credit card information to the number listed above.** | | | | | | |

**Please email completed registration form to** [**kristin.patterson@triplep.net**](mailto:kristin.patterson@triplep.net)

**Remit payment to: Triple P America – Attn: Kat Green – 1201 Lincoln St, STE 201 – Columbia, SC 29201**