**ZOOM OPEN ENROLLMENT – SEPTEMBER**

**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 3 Primary Care | 0-12 | SEPT 1-2 | **SEPT 22** | OCT 6-7 | $2,205 |
|[ ]  Level 3 Primary Care Teen | Teen | SEPT 1-2 | **SEPT 22** | OCT 6-7 | $2,295 |
|[ ]  Level 2 Seminar | 0-12 | SEPT 6-7 | **SEPT 27** | OCT 18 | $1,600 |
|[ ]  Level 4 Standard | 0-12 | SEPT 12-14 | **OCT 3** | OCT 17-18 | $2,590 |
|[ ]  Level 5 Pathways *(must have prior Level 3 or 4 training)* | 0-12 & Teen | SEPT 15-16 | **OCT 6** | OCT 27-28 | $1,945 |
|[ ]  Level 4 Standard Teen Ext. (must have taken Standard) | Teen | SEPT 19 | **NA** | OCT 4-5 | $1,770 |
|[ ]  Level 3 Primary Care Teen Ext. (must have taken Primary Care) | Teen | SEPT 19 | **NA** | QUIZ ONLY | $1,175 |
|[ ]  PECE Coach Training (Positive Early Childhood Education) | 0-12 | SEPT 19-20 | **OCT 11** | NOV 2 | $1,665 |
|[ ]  Level 3 TEEN Discussion Group | Teen | SEPT 22-23 | **OCT 13** | NOV 3 | $1,895 |
|[ ]  Level 5 Family Transitions | 0-12 & Teen | SEPT 22-23 | **OCT 13** | NOV 3-4 | $2,235 |
|[ ]  Level 4 Standard Teen | Teen | SEPT 26-28 | **OCT 17** | NOV 1-2 | $2,645 |

**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 .

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**

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