



Registration Form

**4th Annual Supervision Institute
August 3-5, 2018
Merrill Place Conference Center
Plymouth State University
Plymouth, NH**

Name: _____

Institutional Affiliation and Professional Title: _____

Discipline: (CMHC, SC or SP) _____

Home address: _____

Phone number where you can be reached during the summer: _____

Cell Phone: _____

Personal Email where you can be reached during the summer: _____

**There is a \$100 fee per person for meals payable at the time of check-in.
The workshop and lodging fees are provided by PSU's HRSA Grant funds.**

Participants will receive 12 CEs (NASP and NBCC approved) for this event, including 3 hours of ethics.

**Please return completed registration form to sidonahue1@plymouth.edu by June 11, 2018.
Please notify us at least 48 hours in advance if you must cancel your attendance for any reason so we can offer your spot to someone else, otherwise we are obligated to pay the lodging charge for an unused room.**

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