



50 Lydia Lane
 South Portland, ME 04106
 Phone: (207) 523-5019 Fax: (207) 874-8079

Registration Form

Please do a save as and type in this form for legibility reasons. Registration closes two weeks prior to the class being offered. Please note: It is up to the instructors' discretion to allow late arrivals to join the class. Please contact Patty Mann at 207-523-5019 for class availability prior to sending the registration form.

Name of Participant: _____
 Email Address: _____
 Home Mailing Address: _____
 Telephone: _____

 Employer Agency: _____
 Title _____
 Agency Mailing _____
 Address: _____
 Agency Telephone: _____
 Agency Fax: _____

Who will be paying for this training? Participant Employer
 Credit Card Information: Visa MasterCard

Name as it appears on card: _____
 Card Number: _____
 Expiration Date: _____

If accommodations are necessary for you to attend, please specify:

<u>Please Check Course For Enrollment</u>	<u>Course Date</u>	<u>Course Time</u>
<i>Example:</i>	4/1/16	9:00 am
<input type="checkbox"/> Care of the Diabetic with Epi Pen Auto-Injector Video (\$45)		
<input type="checkbox"/> *CRMA 40 Hours (\$325)		
<input type="checkbox"/> *CRMA Recertification (\$80)		
<input type="checkbox"/> CRMA Refresher for Recertification (\$25)		
<input type="checkbox"/> MANDT Full (Non-Restraint) (\$170)		
<input type="checkbox"/> MANDT Recertification (Non-Restraint) (Cost \$85)		
<input type="checkbox"/> MHSS (\$275)		
<input type="checkbox"/> Other: Please List		

*Please note that in order to complete CRMA the med pass will need to be completed by your employer.

Signature: _____ Date: _____

Thank you for choosing The Opportunity Alliance for your training needs. Please electronically sign and email the form to patty.mann@opportunityalliance.org or fax to 207-874-8079. Please note that you are not registered for a course until a confirmation email is returned.