



## Registration Form for Training (1 trainee per form)

**Expect a delay in payment?** Then mail registration form & note that check will follow.

Event(s): \_\_\_\_\_

Trainee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Trainee's Email \_\_\_\_\_

**Submitting this for someone else? We must have the trainee's email address**

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Check if needed:**       ASL Interpreter       CART Provider

**Other accommodation needs, if any:** \_\_\_\_\_

**Dietary restrictions, if any:** \_\_\_\_\_

**(We must have 3-weeks notice of Accommodation & dietary requests)**

### Payment Method:

MasterCard    Visa   Acct. # \_\_\_\_\_

Expiration date: Month \_\_\_ Year \_\_\_ Name on Card \_\_\_\_\_

CVV Code (3 digits on back of card above signature) \_\_\_\_\_

Check enclosed (**payable to ICI/UMass Boston**)

Total amount enclosed/charged to card: \$ \_\_\_\_\_

### Mail this form & payment to:

Drew Glazier, Institute for Community Inclusion/UMass Boston, 100 Morrissey  
Blvd., Boston, MA 02125.

Voice: 617 287 4337 Fax 617 287 4352 Email: Andrew.glazier@umb.edu