



**REGISTRATION FORM**

**EVENT:** Recovery-Oriented Co-Occurring Services & Integrated Dual Disorder Treatment  
**DATES:** Friday, July 26th 2019  
**LOCATION:** Groves Center, Kalamazoo Valley, 7107 Elm Valley Dr., Kalamazoo MI 49009  
**TIMES:** 8:30am - 4:30pm (8:00am Registration) Coffee and lunch provided

\*Please complete all sections of this form and email it to SWMBH at [traininginfo@swmbh.org](mailto:traininginfo@swmbh.org) or fax it to (269) 488-8270 to express interest for the identified training. You will receive a confirmation of your registration after this form has been received and approved by SWMBH. Your registration form is required. Please notify us if your registration status should change for any reason. See training/event flyer for more information. Please direct any further questions to the email identified above. Training is provided for SWMBH providers and CMHSP's at no cost. Providers and clinicians outside the region may inquire as to availability and cost at [traininginfo@swmbh.org](mailto:traininginfo@swmbh.org).

**ATTENDEE NAME & CREDENTIALS:**

**LICENSE NUMBER:**

(\*Required for social work CE units)

**FACILITY/AGENCY NAME:**

**CITY STATE:**

**EMAIL:**

(\*Please provide email for registration confirmation)

**Any Accommodations Requested:**      **NO**  
**YES**    If Yes, please describe

**Class Cancellations** SWMBH reserve the right to cancel or reschedule any class (for example, due to low attendance or instructor illness) and is not responsible for any expenses you might incur due to the cancellation. If a class is canceled or rescheduled, SWMBH will contact registrants as soon as possible once a cancellation is determined. It is important that you provide SWMBH with up-to-date contact information.

Check **Smiley Face** to complete registration by email:

