**ZOOM OPEN ENROLLMENT – SEPTEMBER**

**ALL TRAININGS/PRE ACCREDITATION/ACCREDITATIONS WILL BE HELD IN THE CENTRAL TIME ZONE**

**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. Courses cut off one week prior to start.**

**PLEASE DO NOT SUBMIT HAND WRITTEN FORMS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: |  | | | |
| COMPANY: |  | | | |
| **TYPE** | RESIDENTIAL ADDRESS  BUSINESS ADDRESS | | | |
| **Please have resources shipped direct to participant at their office or home address.** | | | | |
| ADDRESS: (**NO PO BOX**) |  | | | |
| CITY, ST ZIP: |  | | PHONE: |  |
| EMAIL OF ATTENDEE: | |  | | |
| **MANAGER(S) 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 2 Seminar | 0-12 | Sept 3-4 | **Sept 25** | Oct 16 | $1,815 |
|  | Level 4 Standard | 0-12 | Sept 9-11 | **Oct 2** | Oct 22-23 | $2,935 |
|  | Level 5 Enhanced *(must have had prior Primary Care, Standard, or Group training)* | 0-12 & Teen | Sept 12-13 | **Oct 4** | Oct 24-25 | $2,265 |
|  | Level 3 Discussion Group *(must also take Discussion Group Teen Ext. SEPT 18)* | 0-12 | Sept 16-17 | **Oct 9** | Oct 30 | $2,205 |
|  | Level 3 Discussion Group Teen Ext. *(must also take Discussion Group SEPT 16-17)* | TEEN | Sept 18 |  |  | $1,340 |
|  | Level 3 Primary Care | 0-12 | Sept 19-20 | **Oct 11** | Oct 30-31 | $2,500 |
|  | Level 3 Discussion Group | 0-12 | Sept 23-24 | **Oct 15** | Oct 30-31 | $2,205 |
|  | Teen Extension (Standard or Group) | Teen | Sept 26 | **NA** | **OCT 30-31** | $2,005 |

* **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.**
* **If you swap participants after resources have been shipped, it will be your responsibility to retrieve that set of training resources for the new participant.**

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** | | | | | | | | |
| Send Invoice: | |  | **PURCHASE ORDER NUMBER** | | | |  | |
| **REFERENCE INFO:** | |  | **DEPARTMENT NAME:** | | | |  | |
| Please include purchase order number if you would like it referenced on invoice. All AP information must be filled out above, even with PO.. | | | | | | | | |
| **Any registrations from outside the US must be paid via credit card.** | | | | | | | | |
| Send PayPal Link | |  | Credit Card | | | |  | **Please do not list credit card number on form** |
| 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**](mailto:kristin.patterson@triplep.net)

**REFUND AND CANCELLATION POLICY:**

All Refund and Cancellation requests must be made in writing. Please contact the Training Coordinator at [kristin.patterson@triplep.net](mailto:kristin.patterson@triplep.net) .

In case of a cancellation on behalf of the registrant, 7-14 days prior to first day of training an administrative fee of $250.00 will be charged.

In case of a cancellation on behalf of the registrant, 3-6 days before the first day of training an administrative 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.

Requests for Electronic Accreditation that are not the result of an emergency or approved absence will be charged a $250 fee for processing.

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