

NORTHERN RIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER

Life changing care

CTLE Opportunities Registration

Name: _____

Date of Birth: _____ Last 4 digits of Social Security Number: _____

Company/Agency: _____

Address: _____

Telephone: _____ Email: _____

Course Name: _____ Course Date(s): _____

Course Fee: _____ # of CTLE hours: _____

Payment Information:

Visa MasterCard American Express Check Purchase Order# _____

Name: _____
Name as it appears on card *Billing Address*

No. _____
City, State Zip Code

Expiration date _____ CVV Code _____ *(on back of card)*

Signature _____

Payment Instructions:

Via check: mail this form and payment to:

Parsons Child and Family Center/SATRI
Attn: Sheila Frank
60 Academy Road
Albany, NY 12208

Purchase Order:

Fax this completed form purchase order to:

518. 426. 2850 Or

Email: Sheila.Frank@parsonscenter.org

Online Credit Card payments:

Please choose the correct Link associated with the training.

To avoid any delays in processing your reservation, please make sure that **all areas are completed** and that payment arrangements have been made and indicated. You will be sent a confirmation email once payment is received.

