



NORTHEAST PARENT & CHILD SOCIETY  
PARSONS CHILD & FAMILY CENTER

*Life changing care*

## CTLE Opportunities Registration

Name: \_\_\_\_\_

Date of Birth:   -   -

Last **Four** digits of Social Security Number:

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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*

\_\_\_\_\_ *City, State Zip Code*

No. \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV Code \_\_\_\_\_ *(on back of card)*

### Payment Instructions:

#### Via check: mail this form and payment to:

Northern Rivers Family Services/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@northernrivers.org**

#### Online Credit Card payments:

<https://www.northernrivers.org/our-services/satri-training-and-research/13-target-audience/344-ctle>

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.