



Training Registration Form - Zoom

Complete and return to registration@mipeers.org. This is a fillable form.

Training Name: _____

Training Date: _____

Agency Name: _____

Address: _____

City, State, and Zip Code: _____

Phone: _____

Participant Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Certified Peer Support Specialist

Certified Peer Recovery Coach

I acknowledge that I have read and understand the Cancellation and Attendance policy.

Cancellation Policy: Registrations may be transferred to another employee of the same agency upon written request to registration@mipeers.org. Cancellations must be received in writing at least 12 days prior to the date of the training. Failure to cancel registration within the allotted time will result in registration fees being forfeited. For questions, e-mail registration@mipeers.org.

Attendance Policy: You must attend the entire training. If you are **more than 10 minutes late you will not be allowed to attend as part of the CE requirements**. Please **note there is absolutely NO driving during the training**. If you are driving while attending the training, you will be removed from the training for your own safety. Training guidelines must be read, signed, and returned back to the office before a zoom link is sent to the participant. Attendees must follow the training guidelines.

Payment: After this form is received, an email will be sent with instructions on how to submit payment for the training.