NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY PARSONS CHILD & FAMILY CENTER

Life changing care

Continuing Education Application

Name:	
Choose one: LCSW LMSW LMHC Please Enter License Number:	
Company/Agency:	
Address:	
Telephone:	Email:
Course Name:	Course Date(s):
Course Fee:	# of CEUs:
Payment Information:	
□Visa □MasterCard □American Express □Check	Purchase Order#
Name as it appears on card	Billing Address
No	
Expiration date CVV Code	City, State Zip Code (on back of card)
Signature	
Payment Instructions:	
Via check: mail this form and payment to:	Purchase Ordera
Parsons Child and Family Center/SATRI	Fax this completed form purchase order to:
Attn: Sheila Frank	518, 426, 2850 Or
Albany, NY 12208	Email continuingeducation@parsonscenter.org
Online Credit Card payments:	
(A small processing fee is applied when paying via credit card.)	

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.

