

Illinois Masonic Foundation Student Assistance Program Training Registration Form

Training Title: _____ Today's Date: _____

Training Location _____ Training Date(s) _____

Name: (Last) _____ (First) _____ (MI) _____

E-mail _____ Your position in the building _____

CPDU's Needed? Yes No

Does your school have an existing Student Assistance Program Core Team? Yes No

District Level SAP Contact Person _____

Building Level SAP Contact Person _____ Email Address _____

School District Name _____ County _____

School _____

School Address _____

City _____ State _____ Zip Code _____

School Phone (Include Area Code) _____ School FAX _____

Home Address _____ City _____

State _____ Zip Code _____ Home Phone (Include Area Code) _____

Lodging Requested: Yes No Dates needed _____

Special Meal Requirements _____

Special needs of participant _____

- For questions about registration, please call Jay Faermark toll free at 1-888-503-1110
- Training is available to Illinois Educators and Human Service Agency professionals.
- Training costs, materials, dbl. occ.. lodging, meals during training are covered by the IL Masonic Foundation SAP
- Incidentals, mileage and substitute costs will be the responsibility of the participant or school district.
- ONE TRAINING PER REGISTRATION FORM – ONE PERSON PER FORM.
- Duplicate this form as needed for all workshop registrations.
- *Participants leaving training early or arriving late will not receive CPDU's.*
- Confirmations will be made prior to the workshop (fax/e-mail will be sent)
- Please call Jay if you must cancel or have an emergency and cannot attend the training

Fax this registration form to Jay Faermark, 10673 Golf Rd. Orland Park, IL 60462
fax -1866-698-0569 Deadline 2 Weeks before Training