



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: Kendra Turcotte
60 Academy Road
Albany, NY 12208

Purchase Order:

Fax this completed form purchase order to:

518. 426. 2850 Or Email:
Kendra.Turcotte@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.