



## Continuing Professional Training Registration Form

Today's Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

City, State, Country \_\_\_\_\_

WSHO Member:    Yes        No

Credential Status: MBCC    BCC    ABCC    CPC    CPE Grad or trainee

If are registering for a single 90 minute training session indicate here

Title of Training Session: \_\_\_\_\_ Date: \_\_\_\_\_

Tuition: \$24.95

Non-WSHO member single session Cost: \$34.95

If you are registering for all 2024 Continuing Education sessions indicate here

Tuition: \$99.95 (all classes)

Make tuition payment at [www.wshochaplaincy.org/make a payment](http://www.wshochaplaincy.org/make-a-payment)

Return this completed form to: [samckenzie@hotmail.com](mailto:samckenzie@hotmail.com)