PEERS[®] Denver Boot Camp Registration Form

PEERS[®] Denver Craig McCullough, LPC 1633 Fillmore Street Suite 102 Denver Colorado 80206

Phone: 303-335-0841 www.peersdenver.com Email: group@peersdenver.com

Please complete all required fields for your registration to be processed (* = required)

Please select the following training dates to attend*:

- February 29nd March 1, 2020 Bullyproofing
 May 2nd May 3rd Dating

Attendee Information

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First Name*: Last Name*: Pleas	Educator Mental Health Professional	Registration Fee Bootcamp Fee: \$350.00 *please see refund/cancellation policy listed below	
Professional Affiliatio (if applicable) (*please include titl	n e, organization, and if trainee: please specify school, degree progra	ram, and current year in school)	
Address City*: Zip/Postal Code*: Country*:	State/Province*:	Phone*: Email Address*	
Due to limited enro All forms submitted Approved attendee Payment must be	tion his 2-day bootcamp is \$350.00 USD per person to be pai ollment we need to process and approve all registration d via E-MAIL will be processed for approval within 3-4 bu es will be sent a confirmation via e-mail that will include received within 10 days of registration approval. received before your enrollment is finalized.	forms before we obtain your payment information. usiness days in the order that they are received.	American Express.

-All refunds requested in advance of the dates listed below will be assessed a \$75 administrative fee.

- -February Boot Camp: Please request a refund before 5PM PST on February 7, 2020
- -Refunds should be requested by e-mail to group@peersdenver.com
- -An e-mail confirming that we have received your cancellation notice will be sent from group@peersdenver.com.

-No refunds or credits are given to registrant "no-shows".

How to Submit Registration Form

To submit this form via e-mail: Save a copy and email it to group@peersdenver.com

To submit this form via mail: Complete the form and mail it to:

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