Course Registration Form

***\*\*\** ONE COURSE REGISTRATION FORM FOR EACH COURSE REGISTERED *\*\*\****

Check **All** of the Appropriate Boxes Below:

* Assisting Individuals in Crisis
* Group Crisis Intervention
* GRIN (**combined 3-day course, 2 course fees**)
  + In Person
  + Remote
  + Full Course
  + Cognitive only
* Advanced Assisting Individuals in Crisis
* Advanced Group Crisis Intervention
* Emotional & Spiritual Care in Disasters
* Grief Following Trauma
* Pastoral Crisis Intervention I
* Pastoral Crisis Intervention II
* PCI I & II (**combined 3-day course, 2 course fees)**
* Suicide Awareness: An Introduction for Crisis Responders
* Suicide: Prevention, Intervention & Postvention
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Lead Instructor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Instructor #:** \_\_\_\_\_

The Approved Instructor MUST be the point of contact for all ICISF questions

Assisting Instructor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CV/Resume Provided to ICISF for Each Non-ICISF Instructor (Required)

10% or less of Your Course May be Taught by an Assistant Who is NOT an ICISF Approved Instructor.

**Location of Course/REMOTE** (City, State/Province, Country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expected Enrollment:** \_\_\_\_\_\_\_\_\_\_

**Course Date(s)** (Month/Day(s)/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Instructor Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Course Registration Fee**:Non-Refundable Processing Fee. (Early Fee: Registration form & payment received 30 days or more prior to training dates)

 US$125.00 Early Registration Fee  US$175.00 Regular Registration Fee

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**Billing Information:**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Method of Payment:** Registration will be processed AFTER Payment Information is Received

 Check Enclosed (US Funds from a US Bank. US$20.00 fee for all returned checks)

 Credit Card (ICISF accepts MASTERCARD, VISA, AMERICAN EXPRESS, AND DISCOVER)

 Card Owner Will Call ICISF with Credit Card Information. [optional]

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_

Print Name as it Appears on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting this form to ICISF, the Approved Instructor agrees to monitor all student participation, adhere to all rules/regulation/minimum contact hours detailed in the instructor only portion of the website.  Additionally, the Approved Instructor agrees to provide each student an official ICISF student manual and physical (for in -person classes) or e-certificate (for ILRL classes) of completion for students successfully completing course requirements.