

Therapeutic Options™
Instructor Registration Form

Name _____

Agency _____

Phone _____ Fax _____

Address _____

E-Mail _____

Training Location _____

Training Dates _____

\$900 Individual Cert. \$800 Individual Cert – Positive Practices Discount*

\$500 Individual Recert. \$450 individual Recert – Positive Practices Discount*

Amount Enclosed _____

Check Number _____

Request documentation of training content
and contact hours for CEUs (please check)

* To claim the Positive Practices Discount, attach the *Positive Practices Affirmation* form to registration. See website for details: www.therops.com/therapeuticoptions.html

Mail to:

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