

Western Psychiatric Institute and Clinic

Registration for Training Programs

Please register indicating your preferred Training Dates on the form below. If you have any problems at all with this form, please contact Pat at 412.235.5377.

Payment and Cancellations

Cancellations must be made in writing by e-mail (woodkeps@upmc.edu) at least 7 days prior to the start date of the event you've registered for. This allows us to let in any other person on a "wait list." There will be no administrative fee assessed.

NoShows will be billed for the full \$375 tuition. When registering, we recommend that you select 1-2 alternate participants who can take the space of the person who can't attend.

An invoice will be supplied following the training.

Course Information K-12 SAP Training
3-Day Training – 8:15a-3:15p
\$375/person

CHOOSE YOUR TRAINING:

- September 13,14,15, 2022 (3-Day Virtual)
- October 18,19,20, 2022 (3-Day Virtual)
- November 1,2,3, 2022 (3-Day in Person in Butler)
- November 15,16,17, 2022 (3-Day Virtual)
- December 6,7,8, 2022 (3-Day Virtual)
- January 24,25,26, 2023 (3-Day Virtual)
- February 14,15,16, 2023 (3-Day Virtual)
- March 14,15,16, 2023 (3-Day Virtual)
- May 9,10,11, 2023 (3-Day Virtual)
- June 6,7,8, 2023 (3-Day Virtual)
- August 8,9,10, 2023 (3-Day Virtual)

I have read and agree to the cancellation / no show fee. **(REQUIRED – PLEASE CIRCLE)** Yes No

Are You EMPLOYED BY a School Agency

Name of School or Agency: _____

Are you affiliated with a: Public School Private School Charter School

County in which School or Agency is Located: _____

Payment

Click the link below to be directed to the online payment portal.

www.upmc.com/pay/SAPtrainingservices

PLEASE RECORD YOUR CONFIRMATION # _____ so we can accurately apply it to this registration

If you have payment questions, please contact Pat Woodke via email (preferred): woodkeps@upmc.edu / or 412.235.5377

(over)

SAP Team Coordinator's Contact Information:

Name: _____
Address1: _____
Address2: _____
City/State/Zip: _____
Phone #: _____ Email: _____

ATTENDEES

Attendee's Name _____ PPID # (Needed for Act 48) _____
Home School / Agency _____ Position _____
Address Where You Wish To Receive Your Certificate:
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Attendee's eMail: _____

Attendee's Name _____ PPID # (Needed for Act 48) _____
Home School / Agency _____ Position _____
Address Where You Wish To Receive Your Certificate:
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Attendee's eMail: _____

Attendee's Name _____ PPID # (Needed for Act 48) _____
Home School / Agency _____ Position _____
Address Where You Wish To Receive Your Certificate:
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Attendee's eMail: _____

Attendee's Name _____ PPID # (Needed for Act 48) _____
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Address Where You Wish To Receive Your Certificate:
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Attendee's eMail: _____



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