

Advanced Workshop in Facilitator Peer Support Groups

Sunday, April 11, 2010, 9:30 am to 5:00 pm

de Marneffe Building Room 132, McLean Hospital, 115 Mill St., Belmont, MA 02478

(One registrant per form, please print.) Complete and mail with your check to:

DBSA Boston, Facilitator Training, P.O. Box 102, Belmont MA 02478

**Please make check payable to: “DBSA Boston.”
Payment must accompany registration form to reserve a seat,
and be received by March 31, 2010.**

WORKSHOP IS LIMITED TO 20 PARTICIPANTS

Name _____

Address _____

City/State/Zip _____

Phone # _____

E-Mail _____

I understand and agree that by attending this training, I am not becoming a DBSA-Boston Support Group Facilitator and will not represent myself as such.

Trainee Signature _____

Check the appropriate box:

- I am a member of DBSA-Boston; I am enclosing \$ 20.00 for lunch and registration
- Affiliated DBSA/MDDA/DMDA member, I am enclosing a tax-deductible of \$ 50.00
- Other Participant, I am enclosing a tax-deductible payment of \$ 75.00
- Professional Participant, I am enclosing a tax-deductible payment of \$ 95.00
- I am donating an additional tax-deductible gift of \$ _____ to DBSA-Boston

I am enclosing a check for all of the above in the amount of: \$ _____

I am a: Friend Family Member (Mental Health) Client MH Provider Professional