GENERAL ENROLLMENT FORM FOR CT AND CDC 1 CLINICAL INTENSIVES

Please send this form to Waypoint.

Options: 1) scan and email the form to paul@waypointcontinuingeducation.com

-or-

2)Mail a copy to: Waypoint Continuing Ed.
PO Box 8610 Tacoma, WA 98419

PERSONAL INFORMATION

Full Name	
Email Address	
Phone Number	
Address	
City and Zip code	
Agency Name	
Supervisor's Name	
Supervisor's Email and Ph#	
Your Job Title	
Emergency Contact, Name and Phone number	

Illness: In case of illness, please consider attending the conference virtually. We allow you to make up classes at future academies if you miss class due to illness and emergency.

Refunds: There are no partial refunds made if an attendee only attends part of the conference. If you cannot attend any of the days and want a refund, we will allow full refunds up to 3 business days **before** the event. If less than 3 days notice is given, refunds are limited to 50%.

EVENT PREFERENCES

Ticket Type

- ☐ *March 2027 CT hybrid $1700*
- ☐ *March 2027 CT zoom only $1450*
- ☐ *May 2027 CDC1 hybrid $1500*
- ☐ *May 2027 CDC1 zoom only $1250*

Payment Method *

- ☐ *Check*
- ☐ *Paypal*
- ☐ *credit/debit over the phone*
- ☐ *Scholarship. Indicate 2nd choice if unavailable.*

Your application is not complete until we have received registration, payment and a Supervisor Form. If not employed, there is no need for a Supervisor form.

*For payments: We will follow up with you via email with a paypal link if you choose that route.

Checks can be mailed to PO Box 8610 Tacoma, WA 98419. Must be received 10 days prior to conference.

For phone payments, please call (253) 220-9452.