

# Student Assistance Services Training

## Registration Form

Name of Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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For each person attending, please provide the following information:

Name \_\_\_\_\_ Degree(s)/Credentials \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Brief description of responsibilities with the project, i.e., evaluation, supervision,  
Project SUCCESS counselor, etc. \_\_\_\_\_

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Please check all that apply

\_\_\_\_\_ Project SUCCESS training – August 5, 6 & 7

\_\_\_\_\_ Residential Student Assistance Program training – August 5, 6 & 7

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Name \_\_\_\_\_ Degree(s)/Credentials \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Brief description of responsibilities with the project, i.e., evaluation, supervision,  
Project SUCCESS counselor, etc. \_\_\_\_\_

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Please check all that apply

\_\_\_\_\_ Project SUCCESS training – August 5, 6 & 7

\_\_\_\_\_ Residential Student Assistance Program training – August 5, 6 & 7

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Please include a check for the training (includes all manuals and materials)  
payable to Student Assistance Services or a purchase order and mail with  
registration form to Student Assistance Services, 660 White Plains Road,  
Tarrytown, NY 10591. For multiple registration fee or other questions, please  
contact Christine D'Annibale at (914) 332-1300.