

Student Assistance Services Training

Registration Form

Name of Agency _____

Agency Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

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. _____

Please check all that apply

_____ Project SUCCESS training – January 12, 13 & 14

_____ Residential Student Assistance Program training

_____ Group Counseling for Adolescents With Alcohol & Other Drug
Problems: Theories & Techniques (N/A)

Name _____ Degree(s)/Credentials _____

Home Phone _____ E-mail _____

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_____ Project SUCCESS training – January 12, 13 & 14

_____ Residential Student Assistance Program training

_____ Group Counseling for Adolescents With Alcohol & Other Drug
Problems: Theories & Techniques (N/A)

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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.