Student Registration Form

Students, please use this form to register for Online Learning and BTECH-Sponsored Open-Enrollment Trainings.

Please include proof of your status as a student with this registration form (i.e. legible copy of your student ID, print-out of current class schedule). BTECH also extends the student rate to interns, residents, and post-doctoral fellows. Please include proof of your status with your registration.

Students are not eligible for reduced rates if they are covered by the student's university, or training site. Students may not be counted toward group registrations to receive a group discount.

Online Learning Courses & Bundles

___ **Online Learning: DBT Skills Training** *6-months access* $250.00
___ *12-months of access* $300.00
___ **Online Learning: DBT Chain Analysis** *6-months access* $100.00
___ **Online Learning: DBT Validation Strategies** *6-months access* $50.00
___ **Online Learning: Mastering Anxiety and Panic for Adolescents** *6-months access* $135.75
___ **Online Learning: Transforming Difficult Moments in Therapy** *6-months access* $125.00
___ **Online Learning Bundle: DBT Chain Analysis & DBT Validation Strategies** *6-months access* $150.00
___ **Online Learning Bundle: DBT Skills Training, Chain Analysis, and Validation Strategies 12***-months access* $400.00

___ **Extension for Online Learning** your course:_____ .....$_____

How did you hear about this training? ❑ Mail ❑ eNews ❑ Email ❑ Social Media ❑ Colleague ❑ Other

Registered Participant: This is where CE documentation will be mailed; please clearly write name as it should appear on CE certificate.

CE Credits are available upon completion of these courses.

More information about CE credits can be found on the detail page for each course at behavioraltech.org/ol

Your CE certificate will be available online upon completion of each element of the course.

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

Method of Payment (Sorry, we are unable to accept purchase orders):

☐ Check Enclosed Charge: ☐ Discover ☐ MasterCard ☐ Visa

Total Amount to Charge: _____

Cardholder Name: _____

Card Number: _____ Exp. Date: _____

Signature: _____

E-mail to send receipt if different from participant e-mail: _____

Fax forms with payment to 206.675.8590 or mail to Behavioral Tech, LLC 2133 Third Avenue, Ste. 205, Seattle, WA 98121.

Confirmation will be e-mailed upon receipt of completed registration form and payment. Participants will receive training materials at the training.

Visit **www.behavioraltech.org** for easy online registration and complete training details, continuing education information, student/group rates, recommended products and online learning opportunities.