

# Registration form for Workshop Training\*

*\*This form can be used for all Alberta Programs (Pathways to Happiness, My Way to Health, Anxiety to Calm, Moving on with Persistent Pain, Relationships in Motion and Journeying through Grief) for 2-day virtual training sessions*

Name of Organization: .....

Location: .....

Not for Profit:  Yes  No

Name of Manager who will administer the program .....

Phone #: .....

Email Address: .....

Manager is willing to participate in quarterly Alberta Program Sharing Community of Practice meetings.  Yes  No

Organization is willing to complete course evaluations and share evaluation data.  Yes  No

Who is responsible for collecting evaluation data & reporting these results to Red Deer PCN Evaluation

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Provide the following information for all interested trainees:

Workshop Registering for	Purchase Manual and Journal (Yes/ No)	Name	Designations	E-mail address	Phone #	Facilitation Training Completed	CBT Training (Anxiety to Calm)

Email completed forms to [programsharing@rdpcn.com](mailto:programsharing@rdpcn.com)