



APPLICATION for TRAINING  
This is a fillable form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Service Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Class Title: \_\_\_\_\_

Class Date: \_\_\_\_\_

Class Location: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ x \_\_\_\_\_ attendees = \$ \_\_\_\_\_ (payable to CTCISM)

*All fees must be paid in full before start date of class.*

Additional Attendee Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return completed training application and payment to:

CTCISM Training/Education  
P.O. Box 413  
Rocky Hill, CT 06067-0413

Providing stress management support to emergency personnel  
[www.CTCISM.org](http://www.CTCISM.org) / [info@ctcism.org](mailto:info@ctcism.org)

800-734-2473