



PUGET SOUND
REGIONAL
SERVICES

Student Registration Form

Student Name: _____

Student Job Title: _____ Date of Hire: _____

Student Phone: _____ Student Email: _____

Agency Name: _____

Agency Contact: _____

Phone Number: _____ Email: _____

Please enroll student in the following course:

- | | |
|---|--|
| <input type="checkbox"/> Residential Services Curriculum (40 Hour) | <input type="checkbox"/> CE: Peer Coach (\$63) |
| <input type="checkbox"/> First Aid/CPR (\$80) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CE: Skills Acquisition and Support (8 Hour) (\$50) | |

Training Date(s): _____

Does your student require ASL interpreters? Yes No

The total registration fee for classes marked above \$_____.

I would like to submit payment by the following method:

I will send a check made payable to Puget Sound Regional Services with the student on the first day of class.

Please send an invoice to:

Agency Name _____

Name/Attention _____

Address _____

City, State, Zip _____

PSRS Use Only: Invoice # _____

PSRS frequently schedules ASL interpreters for trainings. Please check the appropriate option if you require an interpreter:

- My agency will take responsibility for scheduling and payment for all interpreting services, and will communicate this information to PSRS.
- Please schedule an ASL interpreter for my student. I understand that I will be responsible for a portion or all payment depending on the number of Deaf students. Payment will be based on the number of total Deaf students divided by the number of training days. ***I will receive an invoice from PSRS for these supports and payment will be due within 30 days.***

Please return completed form to training@gopsrs.org or via fax at 206.772.4937