PROBLEM GAMBLING TRAINING WORKSHOPS REGISTRATION

Register online at www.evergreencpg.org

DEADLINE IS FRIDAY, JULY 7, 2023

Name: Crede	
	entials:
Position/Title: Ager	ncy/Organization:
Address:	
City:State:	Zip:
Day phone:Cell/Alt	ernate phone:
E-mail address:	
TRAINING OPTIONS	METHOD OF PAYMENT
GAMBLING COUNSELOR CORE TRAINING TRACK:	□ Visa® □ MasterCard® □ Money Order
☐Mon-Wed, Jul 10-12 \$250 (ECPG Associate: \$225)	
(includes 10-Hour Self-Directed training)	Credit Card #:
ADVANCED TRAINING IN BEHAVIORAL HEALTH:	Expiration: CSC #: Billing Zip:
□Mon, Jul 10 □Tues, Jul 11 □Wed, Jul 12	(3 digits on back of credit card)
	Signature:
☐ One Day only (choose one): \$75 (ECPG Associate: \$67) ☐ Two Days (choose any two): \$135 (ECPG Associate: \$121)	Check #: Checks payable to Evergreen Council on Problem Gambling
☐ Three Days (choose all three): \$180 (ECPG Associate: \$162)	Name on check:
Total Amount Enclosed: \$	(if different from registrant)
*Cancellation Policy: Refunds will be issued, less a \$50 administrative fee, if received	
in writing ten (10) days prior to event. No refunds will be issued after June 30.	
MAIL E MAIL FAV. DDOD OFF II. (III	How did you hear about this training?
MAIL, E-MAIL, FAX, or DROP OFF this form with payment to:	☐ Brochure mailing ☐ Referral
Evergreen Council on Problem Gambling 1821 4th Avenue East Olympia, WA 98506	
P: 360.352.6133 F: 360.352.4133	□ ECPG Website □ Email
kbishop@evergreencpg.org EVERGREEN council on problem gambling	☐ Search Engine ☐ Other
EVERGREEN council on problem gambling	O NCPG
	National Council on Problem Gambling
Name: C	onipany
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	Apt./Suite:
City: State/Province:	Zip/Postal:
City: State/Province: Phone:	Zip/Postal:Fax:
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City: State/Province: Phone: E-mail address: All fields are required	Fax:
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