

Please **INDICATE THE TRAININGS** you would like to attend **AND TOTAL** their cost in the right-hand column.

✓	TRAINING	DATE	COST	TOTAL
	The Sequence of Engagement	9/19/24	\$30	
	Making Data Your Friend	11/14/24	\$30	
	Writing Focused Behavior Goals to Get Real Data	1/23/25	\$30	
	Behavior Crises: Opportunities for Positive Change	3/20/24	\$30	
	Designing Classrooms to Support Students with Emotional Disturbance (3-Workshop Series)	10/17/24	\$250	
		11/7/24		
		11/21/24		
	PEP Institute: Navigating Autism	2/10/25	\$300	
		2/11/25		
	PEP Institute: Navigating Autism	6/9/25	\$300	
		6/10/25		
			TOTAL	



PEP Assist Training

REGISTRATION FORM

REGISTRATION INFORMATION

NAME _____

PREFERRED PHONE _____ EMAIL ADDRESS _____

SCHOOL DISTRICT AND BUILDING _____

POSITION _____ YEARS OF EXPERIENCE _____

DISABILITIES OF STUDENTS SERVED _____

STUDENT GRADE LEVEL PRESCHOOL ELEMENTARY MIDDLE HIGH SCHOOL

TO REGISTER, RETURN THE COMPLETED FORM WITH PAYMENT TO:

Pat Perkins
Positive Education Program
3100 Euclid Ave
Cleveland, OH 44115
peptrainings@pepcleve.org

TOTAL _____ Please indicate the **TOTAL COST OF ALL TRAININGS** selected as calculated.

METHOD OF PAYMENT

CHECK ENCLOSED (MAKE PAYABLE TO: POSITIVE EDUCATION PROGRAM)

CREDIT CARD MC VISA AMEX DISCOVER

CREDIT CARD NUMBER _____ EXP DATE _____/_____/_____

NAME AS IT APPEARS ON CREDIT CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____