



www.palusa.org

PAL® Services

A professional service of Workers Assistance Program, Inc.



www.workersassistance.com

Training Registration Form

Type of Pal® Training Requested

___ Initial Adult Training - Secondary

___ Initial Adult Training- Elementary

___ Advance Adult Training

___ Program Overview Training

Location of Training: _____

Date of Training: _____

Personal Information *(please print)*

Name _____
Mr. / Ms. First Last

Home Address _____
Street City State Zip

Home Phone (____) _____ E-mail Address _____

Professional/School Information *(please print)*

District _____ ESC Region _____
(Please do not abbreviate)

School _____ Your Position/Title _____
(Please indicate full name and whether high school, middle school, etc.)

School Address _____
Street

City State Zip County

School Phone (____) _____ Direct line/ Ext. _____ School Fax (____) _____

My school currently has a PAL® program: Yes / No *(please circle one)*

I will purchase a PAL® Teacher's Manual at the training: Yes / No *(please circle one)*

I am a(n) *New / Experienced* PAL® Sponsor with a(n) *New / Existing* PAL® Program. *(please circle all that apply)*

I have replaced / will soon replace Mr. / Ms. _____ . *(Full name of the former PAL® Sponsor, if applicable)*

Please list school personnel who are still involved in PAL® at your school.

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

PAL ® Services, a professional service of Workers Assistance Program, Inc.

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