

# Western Psychiatric Institute and Clinic

## Registration for Training Programs

Please register indicating your preferred Training Dates on the form below and eMail to Pat Woodke ([woodps@upmc.edu](mailto:woodps@upmc.edu)). Also please note ... **capacity is limited so please register at your earliest**. If you have any problems at all with this form, please contact Pat at the above email or phone at 412.246.5069.

Training reservations are confirmed when completed paperwork is returned to Pat Woodke at least 7 days prior to the start date of SAP TRAINING and space is available.

### Payment and Cancellations

Cancellations must be made in writing by e-mail ([woodps@upmc.edu](mailto:woodps@upmc.edu)) at least 7 days prior to the start date of the event you've registered for. This allows us to let in any other person on a "wait list." There will be no administrative fee assessed.

NoShows will be billed for the full \$345 tuition. When registering, we recommend that you select 1-2 alternate participants who could take the space of the person who can't attend.

### Payment is Due When Registering

Course Information      K-12 SAP Training  
8a-4p  
\$345/person

#### CHOOSE YOUR TRAINING:

- September 25,26 (Virtual)
- October 2,3, (In Person) – Beattie CTC
- October 8,9 (Virtual)
- October 17,18 (In Person) – Butler
- November 20,21 (Virtual)
- December 3,4 (Virtual)
- January 21,22 (Virtual)
- February 5,6 (In Person) – Butler
- February 11,12 (Virtual)
- March 12,13 (Virtual)
- March 25,26 (In Person) – TBA
- April 8,9 (Virtual)
- April 16,17 (In Person) – TBA
- May 6,7 (Virtual)
- June 10,11 (Virtual)
- August 5,6 (Virtual)

I have read and agree to the cancellation / no show fee. **(REQUIRED – PLEASE CIRCLE)** Yes    No

Are You EMPLOYED BY a             School             Agency

Name of School or Agency: \_\_\_\_\_

Are you affiliated with a:     Public School     Private School     Charter School

County in which School or Agency is Located: \_\_\_\_\_

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## Payment

Click the link below to be directed to the online payment portal.

[www.upmc.com/pay/SAPtrainingservices](http://www.upmc.com/pay/SAPtrainingservices)

PLEASE RECORD YOUR CONFIRMATION # \_\_\_\_\_ so we can accurately apply it to this registration

If you have payment questions, please contact Pat Woodke via email (preferred): [woodps@upmc.edu](mailto:woodps@upmc.edu) / or 412.246.5069

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**SAP Team Coordinator's Contact Information):**

Name: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**ALL REGISTRANTS: If you do not receive the ZOOM LINK by the Tuesday before the training, PLEASE contact us via email – [woodps@upmc.edu](mailto:woodps@upmc.edu).**

**ATTENDEES**

Attendee's Name \_\_\_\_\_ PPID # (Needed for Act 48) \_\_\_\_\_  
Home School / Agency \_\_\_\_\_ Position \_\_\_\_\_  
Address Where You Wish To Receive Your Certificate:  
Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attendee's eMail: \_\_\_\_\_

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Attendee's Name \_\_\_\_\_ PPID # (Needed for Act 48) \_\_\_\_\_  
Home School / Agency \_\_\_\_\_ Position \_\_\_\_\_  
Address Where You Wish To Receive Your Certificate:  
Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attendee's eMail: \_\_\_\_\_

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Attendee's Name \_\_\_\_\_ PPID # (Needed for Act 48) \_\_\_\_\_  
Home School / Agency \_\_\_\_\_ Position \_\_\_\_\_  
Address Where You Wish To Receive Your Certificate:  
Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attendee's eMail: \_\_\_\_\_

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Attendee's Name \_\_\_\_\_ PPID # (Needed for Act 48) \_\_\_\_\_  
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Address Where You Wish To Receive Your Certificate:  
Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attendee's eMail: \_\_\_\_\_

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