

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 (woodkeps@upmc.edu). If you have any problems at all with this form, please contact Pat at 412.235.5377.

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 (woodkeps@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 \$375 tuition. When registering, we recommend that you select 1-2 alternate participants who can take the space of the person who can't attend.

Payment is Due When Registering

Course Information K-12 SAP Training
8:15a-3:30p
\$375/person

CHOOSE YOUR TRAINING:

- June 4,5,6 (Virtual)
- August 6,7,8 (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: _____

Payment

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

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): woodkeps@upmc.edu / or 412.235.5377

(over)

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.

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: _____

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: _____

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: _____

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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