

# 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](mailto: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:

- December 5,6,7 (In Person in Butler)
- December 12, 13, 14 (Virtual)
- January 30,31, February 1 (Virtual)
- February 13, 14, 15 (Virtual)
- March 19,20,21 (Virtual)
- May 7,8,9 (Virtual)
- 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: \_\_\_\_\_

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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): [woodkeps@upmc.edu](mailto:woodkeps@upmc.edu) / or 412.235.5377

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(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](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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**Address 1** \_\_\_\_\_ **Address 2** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Attendee's eMail:** \_\_\_\_\_

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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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