



MENTAL HEALTH FIRST AID TRAINING

Date: _____ PPS Partner: _____

Participant Info:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Agency Info:

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Registration:

Please send completed registration form and payment (\$79.00 per participant in advance) payable to Jawonio, Inc. to:

Jawonio, Inc.
Human Resources C/O Ana Perez
260 N. Little Tor Rd.
New City, NY 10956

OR -- Email completed registration to ana.perez@jawonio.org with \$89.00 class fee paid the day of class.

Cash: \$ _____ Check/Money Order: \$ _____

Check Number: _____