Co-Occurring Collaborative Serving Maine

ccsme

REGISTRATION FORM Complete and mail in this form to register for all 24 contact hours

Certified Clinical Supervision

dates	10/5 – 7 10/9 – 13 10/15 – 19 10/21 - 23	**fee**	☐ 8 half days $140
time	9 am to 12 pm	**contact hours**	24
location	Zoom Registrations only accepted with a check or purchase order from your employer. Registrations without a check or purchase order will not be processed.		

name and designation _____

organization _____

address _____

_____

city, state, zip _____ __ __ __ __ __ __ __ __

phone __ __ __ - __ __ __ - __ __ __ __ x. __ __ __ __

email (please print legibly) _____

payment method

☐ enclosed check (payable to CCSME)

☐ enclosed purchase order # _____

Mail this form to CCSME with a check, or purchase order to:

94 Auburn Street, Suite 110 | Portland, Maine 04103
Tel: 207-878-6170 | ccsme@ccsme.org

94 Auburn Street, Suite 110 | Portland, Maine 04103
Tel: 207-878-6170 | Fax: 207-878-6172
ccsme@ccsme.org | www.ccsme.org