## TRAINING FOR TRAINERS REGISTRATION FORM

## May 29-30, 2024 8:00AM-5:00PM

Training for Trainers is designed for HCA approved trainers and individuals being mentored by HCA approved trainers.

Please complete the registration form and return to training@Pier360.org by May 20, 2024.

| Legal Name: (First and Last) | Name you go by: | Pronouns: |
| :--- | :--- | :--- |
| Address: | Phone Number: |  |
| Email Address: |  |  |
| I am: $\square$ HCA Approved Trainer | $\square$ Being mentored by HCA Approved Trainer |  |
| $\square$ Former HCA Approved Trainer | $\square$ Other |  |

## Attendance:

$\square$I will attend the entirety of the Training for Trainers: May 29-30. 8:00AM-5:00PM

I have an ADA (Americans with Disabilities Act) reasonable accommodation request for the training. Please complete the attached ADA Accommodation Request form.

## Lodging:

Individuals traveling over 50 miles one-way to the training are eligible for lodging. We try to meet everyone's accommodations request and we are limited by contract. If you are eligible and want to have lodging in a double room for up to two nights, please complete the following.


I am eligible for lodging and request a room reservation.
Food:
We provide morning and afternoon snacks plus a meal at noon. We understand that different individual diets vary and trying to address all possibilities is difficult. We attempt to have options that can be combined to meet your needs and we may fall short for you. So, we will be sure the noon meal has food for as many as possible and a vegetarian option. If you require more or less than that, please bring your own food. Just to get a good count on the basics,
$\square$ I am requesting a vegetarian option.
$\square$ I am bringing my own special diet needs (and may use the buffet too).
We look forward to seeing you.

