

**Enrollment Form for NMT ECHO
Medication Management and Developmental Trauma: Part I**

Project ECHO Billings Clinic & The ChildTrauma Academy
Hosted by Drs. Eric Arzubi, Jeffery Rowe & Bruce Perry

Email this completed page to JRosenfelt@ChildTrauma.org;

Name: _____ Organization: _____

Address: _____ Email: _____

Phone: _____

SELECT FROM:

LIVE with RECORDINGS ATTENDANCE:

Live with Recordings for Organization (\$ 1800) _____ Total # of Live with Recordings Sites: _____
 Live with Recordings for Individual (\$ 300) _____ Total # of Live with Recordings for
 Individuals: _____

RECORDINGS ONLY (RO) ATTENDANCE:

RO for Organization (\$ 1500) _____ Total # of RO Sites: _____
 RO for Individual (\$ 250) _____ Total # of RO Individuals: _____

Payment Method:	Check #	Credit Card # (Visa or MC) Expiration Date:	Total Fees (USD):	Purchase Order #:
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*Checks should be made payable to "The ChildTrauma Academy." **ALL CHECKS (FOREIGN AND DOMESTIC) MUST:** be written from a US banking institution or US branch utilizing a nine digit US routing number AND must come from a US Dollar Account with the text "US Dollars" pre-printed on the check face. Non-US participants are encouraged to wire funds to CTA or use Master Card or Visa to address currency conversion issues. Contact Jana Rosenfelt for wire transfer information.

Send checks to:
 The ChildTrauma Academy
 5161 San Felipe, Suite 320
 Houston, TX 77056
 Attn.: Jana Rosenfelt