

EMOTIONAL RESILIENCE 4-HOUR TRAINING REGISTRATION FORM

Attendee Full Name:			
Address:	City:	State:	Zip Code:
Telephone:	Email:		
Spoken Language Interpret Languages:	er ,	,	
ASL Interpreter			
Other Please list any ADA Special Needs:			
Cost per training MHMS interpreters: \$55.00 Others: \$75.00			
Attending Training Date (C	heck the dates you are	attending and paying fo	r ONLY)
Payment Method Please check appropriate box:			
☐ Check #(Enclosed	d) 🗆 Money Order 🗖 VIS	SA	iscover
Expiration Date:	_ Card #:	CSC (Back of car	d)
Print Cardholder Name:	Online		
Check or Money Order must be pa There will be a \$20.00 fee charged You can submit the registration	on checks returned by the b	ingual Services, Inc. ank due to insufficient funds ngualservices.com or	nation Number)
Please submit payment via mail	to: Mile High Multilingu	al Services	
7100 E. Be	lleview Ave. Suite 111	Greenwood Village CO	80111
Cancellations/Changes and Refunds is received in writing no later than severefundable including no shows or later training. ***Registrations will not be	n (7) business days before the tecancellations and cannot be	I st training date you are attendir e applied to future classes . All	g. After that date, fees are non-
Signature Accepting To	 erms	Date	

Do not email credit card information because security cannot be guaranteed. Please provide credit card information over the phone or use the online payment option at www.mhmultilingualservices.com