



Intro to EAP Registration Form

May 21st 9:00 AM – 2:00 PM

Name:

Click here to enter name

Military / Student?

Yes / No

Do you currently work in the mental health field?

If yes, what is the name of your organization?

Would you like to receive continuing education credits for attending?

Yes / No

What form of payment will you be using?

If yes, what is the name of your organization?

Have you been to Courageous Hearts?

If yes, when?