



www.palusa.org

# PAL® Services

A professional service of Workers Assistance Program, Inc.



www.workersassistance.com

## Training Registration Form

### Type of Pal® Training Requested

\_\_\_ Initial Adult Training - Secondary

\_\_\_ Initial Adult Training- Elementary

\_\_\_ Advance Adult Training

\_\_\_ PAL® Adult Renewal Training

Location of Training: \_\_\_\_\_

Date of Training: \_\_\_\_\_

### Personal Information *(please print)*

Name \_\_\_\_\_  
Mr. / Ms. First Last

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Professional/School Information *(please print)*

District \_\_\_\_\_ ESC Region \_\_\_\_\_  
*(Please do not abbreviate)*

School \_\_\_\_\_ Your Position/Title \_\_\_\_\_  
*(Please indicate full name and whether high school, middle school, etc.)*

School Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip County

School Phone (\_\_\_\_) \_\_\_\_\_ Direct line/ Ext. \_\_\_\_\_ School Fax (\_\_\_\_) \_\_\_\_\_

My school currently has a PAL® program: Yes / No *(please circle one)*

I will purchase a PAL® Teacher's Manual at the training: Yes / No *(please circle one)*

I am a(n) *New / Experienced* PAL® Sponsor with a(n) *New / Existing* PAL® Program. *(please circle all that apply)*

I have replaced / will soon replace Mr. / Ms. \_\_\_\_\_ *(Full name of the former PAL® Sponsor, if applicable)*

Please list school personnel who are still involved in PAL® at your school.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PAL® Services, a professional service of Workers Assistance Program, Inc.**

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