



Mental Health First Aid Registration

Name: _____

Organization: _____

Address: _____

Phone: _____ E-Mail: _____

Date(s) of Course: _____

Name of Course:

- Mental Health First Aid USA Youth Mental Health First Aid

Are you taking a Mental Health First Aid Course primarily for:

- Personal Education and Understanding
 Employment-Related Education
 Other: _____



Payment options:

Option 1:

- Amount Enclosed: \$ _____

Option 2:

- Invoice Organization

Option 3:

- Charge my Credit Card:

Organization Name: _____

Organization Address: _____

Contact Name: _____

Phone: _____

- Visa MasterCard Discover American Express

Card # _____

Exp. Date _____

Exact Name as it Appears on Card _____

Exact Billing Address for Card _____

Signature _____

Date _____

Return Registration Forms By One Of The Following Options:

Mail: South Central AL Mental Health - c/o Staci Wilson MHFA - 205 Academy Drive. Andalusia. AL 36420

Fax: South Central AL Mental Health, c/o Staci Wilson MHFA (334) 428-5008

E-Mail: Staci.Wilson@scamhc.org, Subject: MHFA