

**CONTINUING EDUCATION UNITS (CEU'S)  
REGISTRATION FORM  
FOR  
10 WEEK SESSION TRAINING**

Please fill out all the information on this registration form and mail it to:

Los Angeles Training Institute for Alcohol & Drug Counseling  
P.O. BOX 5093  
Carson, CA. 90749

We will contact you as soon as possible.

Please check which class you are attending:

Session Start Date \_\_\_\_\_

Thursday's 7:00pm – 9:00pm \_\_\_\_ or Friday's 6:30pm – 8:30 pm \_\_\_\_

**Application Information:**

**I. Personal Information**

a. Name (full legal name for certificate):

b. Address: \_\_\_\_\_

c. Phone number: \_\_\_\_\_

d. E-mail: \_\_\_\_\_

**II. Employed?      Yes                  No**

a. Organization: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Business Phone #: \_\_\_\_\_

d. Business Address: \_\_\_\_\_

**III. Emergency Information:**

a. Name of Person to Contact: \_\_\_\_\_

b. Phone Number of Person to Contact: \_\_\_\_\_

c. Relationship to You: \_\_\_\_\_

**IV. Please tell us:**

a. How did you hear about us? \_\_\_\_\_