



Bringing Baby Home™ Certification Training Registration Form

April 30 - May 2, 2008 Baltimore, Maryland
October 17 - 19, 2008 Seattle, Washington

Yes! Register me for the BBH™ Certification Training Program

Name _____ (nametag preference) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email (write clearly) _____

License type:

BA BS BSN CCE Doula EMT LPC MA
 MBA MD M. Div M. Ed MFT MPH MS MSW
 OT PT RN PhD PsyD Other _____

(To become a Certified Gottman Educator, some graduate training is preferred; please check all that apply. If none apply, please contact the BBH office for permission to enroll in this program.)

To register online: www.bbhonline.org

_____ Baltimore, MD - April 30 - May 2

_____ Seattle, WA - October 17 - 19

Fee(s): 3 Day BBH Certification Training: \$549
 Annual Re-Certification Fee: \$0 (First year included in tuition)

Special Conference Hotel accommodations are available at the Sheraton Hotel. For more information, contact the Bringing Baby Home Program Services Coordinator (206) 832-0300.

Payment Options: (Please do NOT send cash)

_____ I am paying with an enclosed check, payable to the Relationship Research Institute for \$549

_____ I authorize a payment of \$549 on: (mark one) VISA MasterCard

Card Number _____ Exp. Date _____

Name as it appears on the card (print) _____

How did you hear about our program?

BBH Website Postcard Media Other: _____

Cancellation Policy:

Registration Fees are refundable (less a \$75 service fee) when cancellation occurs 30 days prior to certification training start date. Cancellations after this date will not receive a refund. Continuing Education Credits may be available for this program

Signature _____ Date _____

To register, mail or fax this completed form to:

The Relationship Research Institute, 1730 Minor Avenue, Suite #960, Seattle, WA 98101
Attention: Becky Thatcher, Bringing Baby Home™ Program Coordinator
Phone: (206) 832-0300; Fax: (206) 832-0301