

2010

Student Assistance Program (SAP) Training for Add-On Members

Presented by Holcomb Behavioral Health Systems



October 12, 13, 14, 2010

8:00 a.m. - 4:30 p.m.

Location

Drexelbrook Catering & Banquet Facility • 4700 Drexelbrook Dr., Drexel Hill, PA 19026

Cost

\$325.00 per person **OR** 3 or more people - \$295.00 each
(Price includes a continental breakfast, lunch, & afternoon snack.)

Details

Space is limited; please register early!

Upon receipt of registration form, you will receive a confirmation letter with additional details and driving directions.

Please note that there will be no makeup sessions. Please plan accordingly.

Participants will need to complete an on-site assignment before a certificate of training can be issued.

About SAP Training:

The purpose of SAP Training is to educate and assist school personnel in identifying issues including alcohol, tobacco, other drugs, and mental health issues which pose a barrier to a student's success. The primary goal of the Student Assistance Program (SAP) is to help students overcome these barriers in order that they may achieve, remain in school, and advance.

Holcomb Behavioral Health Systems, Prevention & Education.

More information can be found at www.holcombprevention.org. Phone: 484-444-0412. Fax: 484-444-0421.

SAP Training

Registration Form for Schools & Agencies

October 12, 13, 14, 2010

Deadline is October 1, 2010

There will be no make up sessions for this training. Please plan accordingly.

PLEASE TYPE OR PRINT CLEARLY

SCHOOLS:

Name of District: _____

Name of School: _____

Address: _____

Phone: _____

Administrator Contact- School or district personnel that approves funding

Name: _____

Phone: _____

Title: _____

Purchase Order #: _____

\$325.00 Per Person. 3 or more \$295.00 each *** Please note that non-attending registrants will be charged regardless***

AGENCIES:

Name of Agency: _____

Agency Contact Person: _____

Phone: _____

Address: _____

Purchase Order #: _____

Name of Add-On Team Member to be trained	Agency/School	Title/Role e-mail address

Return this form with check or purchase order to:
Holcomb Behavioral Health Systems
 126 East Baltimore Ave
 Media, PA 19063

PLEASE NOTE: FORMAL PURCHASE ORDER OR PREPAYMENT IS REQUIRED. HOWEVER, TO HOLD YOUR SPACE, PLEASE FAX COMPLETED REGISTRATION FORM TO HOLCOMB (484-444-0421) BY OCTOBER 1, 2010