

A Silver Lining

Office: 3913 N. Post, Spokane WA, 99205

Mailing: P.O. BOX 48785, Spokane WA, 99228

(509) 326-6122

HIV/AIDS Washington State Licensure Training Registration Form

Name: _____

Mailing Address: _____
(Street Number) (Apt #) (City) (Zip Code)

Daytime Phone: _____ Cellular: _____

Occupation: _____ Title: _____

Employer: _____

CERTIFICATE INFORMATION

Please **print** below how you would like your name to appear on your certificate. Include any title(s) you would like listed.

Please check the HIV/AIDS class you are registering for: _____ 4-hour _____ 7-hour

Date of class you are registering for: _____ Total amount enclosed: _____ \$40.00 _____ \$50.00

Please make check payable to A Silver Lining

CLASS LOCATION

3913 N. Post

(509) 326-6122

(North side of the Milk Bottle Restaurant on the corner of Garland and Post)

Handicap parking is available behind the building. Wheelchair accessible.

Cancellations will be charged a 20% handling fee. Class fees are non-refundable for no-shows.

NSF checks will be assessed a \$30.00 handling fee and may result in the revocation of certification.

Signature: _____ Date: _____

Because of the increasing problems with identity theft, A Silver Lining is taking precautions to protect our consumers from this crime. **Please mail registration form and payment to the following P.O. Box number.**

MAILING ADDRESS:

ATTN: Becky Nauditt

A Silver Lining

P.O. Box 48785

Spokane WA, 99228