



WinterSpring  
Facing Loss, Embracing Life Again ~ Together

PO Box 8169, Medford, OR 97501  
541-552-0620 winterspring.org

# Bereavement Skills Training Registration

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: \_\_\_\_\_  
*home work cell*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about WinterSpring? \_\_\_\_\_

What personal or other experiences have you had with loss and grief? \_\_\_\_\_

Have you had a significant loss within the past 12 months? \_\_\_\_\_

What do you hope to gain by taking this training? \_\_\_\_\_

Are you interested in becoming a WinterSpring Volunteer at this time? Y \_\_\_ Maybe \_\_\_ N \_\_\_

May we use quotes, photographs or videos of you taken during your association with WinterSpring for publicity purposes? Y \_\_\_ Maybe \_\_\_ N \_\_\_

### Payment Information

I, \_\_\_\_\_ agree to pay WinterSpring for the Bereavement Skills Training by the following method:

\_\_\_ \$80 check enclosed for training and CEU's available upon request from NASW if applicable

\_\_\_ I will call the WinterSpring office at 541-552-0621 to pay with a credit card

\_\_\_ I have paid using the Pay Now button at WinterSpring.org

Send this form and your check to: WinterSpring, P.O. Box 8169, Medford, OR 97501

*WinterSpring is a 501(c)3 nonprofit.*