



WinterSpring

Facing Loss, Embracing Life Again

P.O. Box 8169 Medford, OR 97501

541-552-0620 www.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:

___ \$100 check enclosed for training + \$20 for CEUs 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.