

# BASIC SUPERVISION SEMINAR

## Registration Form

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

Mailing address: \_\_\_\_\_  
Street City State Zip

Phone number: (\_\_\_\_) \_\_\_\_\_ / Cell phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ / personal email \_\_\_\_\_

Current occupation and name of employer: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Current position: \_\_\_\_\_

**DATE:** Wednesday, February 25, 2026, 8:30 a.m. – 4:00 p.m.

**LOCATION:** Santa Fe Woman's Club, 1616 Old Pecos Trail, Santa Fe, NM 87505

**COST:** \$199.00

*Please select an option:*

I attach a check for this amount \_\_\_\_\_ to this application form ☐

Please email me an invoice ☐

Please email an invoice to my employer ☐ Name & email:

\_\_\_\_\_

PRINTED NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_