



Matrix Model Training Registration Form

(A letter of confirmation along with training information & hotel options will be sent in receipt of this form)

Type of Training & Date(s)

Matrix Model Core Training (2 Days) - \$800 (per person) Date Requested _____

**Key Supervisor Training (1.5 Days) (\$1,000 per person) Date Requested _____

*****Prerequisite for training requires previous training in the 2 –Day Matrix Model Core Training***

When did you complete the 2 Day Matrix Model Core Training? Date _____

(You may combine the above trainings in the same week)

Contact Information (Please Print Clearly)

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Email: _____

Email of Training Participant (if different from above): _____

Phone: _____

Payment Information

Circle Payment Method: VISA MC Check

Credit Card Number: _____

Exp. Date: _____ CVV # (last 3 digits on back): _____

Cardholder's Name: _____

Signature: _____

If Sending a Check: make check out to CLAREMATRIX, include a copy of the registration form you emailed us and send to:

**Matrix Training Department
c/o Ahndrea Weiner
2644 30th St Suite 100
Santa Monica, CA. 90405**

E-Mail Registration Form to: emarroquin@clarematrix.org

TRAINING LOCATION

2644 30th Street Suite 100

Santa Monica, CA. 90405

**Limited training slots available. Payment must be received prior to training date to reserve your place.
Cancellations 15 days or less prior to the training date will be charged the full fee**

For Questions call our training department @: 877-422-2353