



PRINT THIS FORM, FILL IT
OUT AND MAIL OR FAX TO:

Stairways Behavioral Health
138 East 26th Street
Erie, PA 16504
814.453.5806 Fax 814.453.4757

Online Training Registration Form

Registration for external customer

Please print or type the information. * are required fields.

Class (one form per class)*:

First Name*: Date:

Last Name*:

Job Title:

Organization:

Address*:

City*: State*: Zip Code*:

E-Mail Address*:

Phone*: Fax:

Billing Address (if different from above):

Payment Method*: Please do not fill this section out online. Complete after printing.

Check Credit Card

Credit Card Information* (required if paying by credit card):

Card Holder Name:

Billing Zip Code:

Card Type: Master Card

Visa

Discover

Other (provide card type)

Card Number:

Expiration Date:

Month

Year

Signature of Authorized Personnel: