

# MARFY Training Program Policies & Procedures

## CONTINUING EDUCATION UNITS (CEU'S):

- The all-day Training workshops have been approved for 6 CEUs by the State of Maryland Board of Social Work Examiners and the Board of Professional Therapists and Counselors.
- The ½ day Training workshops are approved for 3 CEUs.
- Certificate of Attendance: If no CEUs are required by the participant, a Certificate of Attendance will be issued.
- ***Participants must arrive on time and stay until the end of the workshop in order to receive full CEU Certificates. If you arrive late, your CEUs will be adjusted accordingly.***

## CANCELLATIONS, SUBSTITUTIONS, AND REFUND POLICIES

- ***Individuals who miss a workshop without prior notification are required to pay for the training workshop in full.***
- Cancellation requests must be made at least **5 business days** prior to the date of the workshop. All cancellations **must be made in writing** (please fax to 410-757-9530 or email to [vholt@marfy.org](mailto:vholt@marfy.org).)
- **No refunds** will be issued for registrant cancellations - a credit voucher will be issued that may be applied towards a future workshop.
- If you would like to use a previously-issued credit voucher as payment or partial payment for a workshop, please attach a copy of the voucher to your registration form.
- If the Training workshop is cancelled by MARFY, all fees received (or charged) will be refunded.
- Participant substitutions from the same agency may be made at any time. To make substitutions, please call us as soon as possible at (410) 974-4901, ext. 4.

## GENERAL TRAINING POLICIES & PROCEDURES

- If schools are closed for inclement weather in the county in which the workshop is being held, the program will be cancelled or postponed. If schools in that county start late, the program will take place as scheduled.
- ***No telephone registrations will be accepted.*** Registrations must be received in writing via online registration form, postal mail, or fax.
- You must indicate the method of payment and list a valid email address for registrations to be considered as valid.
- Non-Members are required to pay in advance.
- A confirmation notice will be sent to each participant one week prior to the training workshop via e-mail - ***IF YOU DO NOT RECEIVE THIS CONFIRMATION NOTICE, THEN YOU ARE NOT REGISTERED TO ATTEND THE WORKSHOP.*** If you do not have access to an e-mail account, please list a fax number for your confirmation. You will be contacted if there is a cancellation or a change in the workshop.
- Lunch and refreshments are served for Full Day Workshops only.
- Please arrive at least 15 minutes prior to the start time of a workshop.

***(Please make additional copies of these Policies and the Registration Form as needed)***

*If you have any questions, please contact Virginia Holt at (410) 974-4901 ext. 4 or by email at [vholt@marfy.org](mailto:vholt@marfy.org)*

# Workshop Registration Form

**To Register:** Please review the Policies and Procedures or online at [www.marfy.org](http://www.marfy.org), complete this registration form, and return with payment information.

- By Mail: Maryland Association of Resources for Families and Youth, 1517 S. Ritchie Highway, Suite 102, Arnold, MD 21012
- By FAX: (410) 757-9530
- Online at <http://marfy.org/Forms/trainingregistration.html>

**COMPLETE ONE REGISTRATION FORM PER PARTICIPANT.**  
**FORMS REGISTERING MULTIPLE PARTICIPANTS WILL BE REJECTED!**  
**PLEASE PRINT ALL INFORMATION LEGIBLY.**

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

Organization Name (no acronyms): \_\_\_\_\_

Address: \_\_\_\_\_ Ste.# \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Certificate Requested (please check one)**

- Certificate of Attendance
- Social Work CEU
- Counselor/Therapist CEU

**Membership Status (please check one)**

- Member
- NonMember
- I'm interested in becoming a member - please contact me.

*I have read, understand, and will abide by the Policies and Procedures on page 4 of this Catalog.*

Workshop Name	Date	Fee
<b>Total Due:</b>		

**PAYMENT METHOD**

- Check Enclosed       Please Bill Me (*MARFY Members ONLY — NonMembers MUST pay in Advance*)
- Credit Card—Please Circle One: VISA or MasterCard

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

V-Code (on back of card): \_\_\_\_\_ Billing Zip Code of Card: \_\_\_\_\_

Signature: \_\_\_\_\_