

# BLTS Long-Term Support Registration Form

***Please feel free to photocopy this form.***

***Please Print Clearly.***

*If you would like to attend a Long-Term Support training, please fill out this form, print and send or fax it to Margo Simpson at The Management Group's address at the bottom of this form, **no earlier than 45 days prior to the training.***

For a complete schedule of upcoming BLTS Long-Term Support Trainings, please see the BLTS (or Waiver) Training Schedule on our website.

**I am interested in attending:**

Title of Training	Location	Date

<b>Name:</b>	
<b>County and Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

Amount of experience working with COP-W or CIP II?	<input type="checkbox"/> Under 6 months	<input type="checkbox"/> 6 months to year	<input type="checkbox"/> More than 2 years
Percentage of your caseload consists of individuals on the COP-W or CIP II Programs?	<input type="checkbox"/> 0 – 25%	<input type="checkbox"/> 26 – 50%	<input type="checkbox"/> 51- 75%
	<input type="checkbox"/>	<input type="checkbox"/>	

<b>What are your expectations/needs for the training?</b>	

**Return registration form to:**

Attn: Margo Simpson, Training Coordinator  
 The Management Group, Inc.  
 U.S. Bank Plaza, Suite 320  
 One South Pinckney Street  
 Madison, WI 53703  
 Fax: (608) 255-0898