



CENTRAL SERVICE AREA AUTHORITY

**Applied Suicide Intervention Skills Training Program
(ASIST)**

Registration Form

Please return application to secretary@centralsaamontana.org

Registration Deadline April 25, 2019

Name: _____

Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

Do you plan to attend the plenary session on Tuesday night? Y/N

Do you belong to your county Mental Health Local Advisory Council? Y/N

Will you be requesting a mini-grant application to help cover expenses not paid for by training program? Y/N