



## Educational Trainings Registration Form

Please type in your responses and email the following registration information to: [donnahttem@cherryhealth.com](mailto:donnahttem@cherryhealth.com) **at least one** business day before the training.

**Name:** \_\_\_\_\_  
(As it appears on your professional license)

**Preferred name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_  
(If different than listed above)

**Applicant email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Professional license number(s):** \_\_\_\_\_  
(If applicable)

Please indicate the specific training(s) you would like to attend:

**Training name:** \_\_\_\_\_ **Training date:** \_\_\_\_\_

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Requests for accommodations as indicated by the Americans with Disabilities Act:

Every attempt will be made to meet your request.

**\*If you do not receive a confirmation email within 2 business days,  
please call Donna Hattem at 616.965.8200 ext. 8276\***