

**Certified Peer Support/ Recovery Coach  
Professional and Development Leadership Retreat  
November 9-11, 2018  
Registration Form**

**Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Landline or cell:** \_\_\_\_\_

**Last four digits of social security number:** \_\_\_\_\_

**Emergency contact name and phone number:**  
\_\_\_\_\_

**Are you currently working as a CPSS or Recovery Coach? Yes \_\_\_\_ No \_\_\_\_**

**If so, where (agency name)?** \_\_\_\_\_

**What year did you take the CPSS or Recovery Coach training?**  
\_\_\_\_\_

**What organization certified you?**  
\_\_\_\_\_

**Please select your t-shirt size:** Small \_\_\_\_ 2X \_\_\_\_

Medium \_\_\_\_ 3X \_\_\_\_

Large \_\_\_\_ 4X \_\_\_\_

XL \_\_\_\_