



**SBTC**  
**Achieving Excellence in Governance**  
**REGISTRATION FORM**



Please complete the following for each participant (photocopy as necessary). *Pre-registration is required.*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please list the Date & Session Number(s) that you wish to register for

- |                |               |                |               |                |               |
|----------------|---------------|----------------|---------------|----------------|---------------|
| 1. Date _____  | Session _____ | 2. Date _____  | Session _____ | 3. Date _____  | Session _____ |
| 4. Date _____  | Session _____ | 5. Date _____  | Session _____ | 6. Date _____  | Session _____ |
| 7. Date _____  | Session _____ | 8. Date _____  | Session _____ | 9. Date _____  | Session _____ |
| 10. Date _____ | Session _____ | 11. Date _____ | Session _____ | 12. Date _____ | Session _____ |

Please list any Special Needs you may have

\_\_\_\_\_

Corporate Name of Nonprofit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Annual Budget \_\_\_\_\_ Total # of Board of Directors \_\_\_\_\_

Are you an Officer of the Board  Yes  No

If Yes, what position do you hold?  President  Vice President  Secretary  Treasurer

Are you the Executive Director / CEO or Chief Fiscal Officer of this nonprofit?  Yes  No

If yes, has a Board Member from your organization also registered?  Yes  No

Name of Board Member: \_\_\_\_\_

Please list any other Nonprofit Boards of which you are currently a Member. *(Please Provide Full Name)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The SBTC trainings are made available **FREE OF CHARGE** to nonprofit organizations that receive funding or are otherwise affiliated with at least one of the State Agencies listed below. Please check all that apply.

- NYS Office of Alcoholism and Substance Abuse Services
- NYS Office of Mental Health
- NYS Department of Health's AIDS Institute & Center for Community Health
- NYS Office of Children and Family Services
- Not Sure? Please call CCSNYS

**REGISTER ONLINE AT [WWW.CCSNYS.ORG](http://WWW.CCSNYS.ORG)**

OR

**BY MAIL**

CCSNYS / SBTC Registration  
 272 Broadway  
 Albany, NY 12204

**BY FAX**

518.434.0392

**BY PHONE**

1.800.515.5012, ext. 126