BARIATRIC SUPPORT CENTERS INTERNATIONAL

2011 Bariatric University Course Schedule

Name _____ **Title** _____

I am a: (all that apply) **RN** **RD** **PhD** **LCSW** **Program Coordinator** **Support Group Leader** **WLS Patient**

Sponsoring Facility _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Please register me for the following Support Group Leader Certification and Back On Track Facilitator Courses

Location	Group Leader Certification	Back On Track Facilitator
Philadelphia, PA	____ October 7-8, 2010	____ Oct 9th, 20100
San Diego, CA	____ January 13-14, 2011	____ Jan 15th, 2011
Virginia Beach, VA	____ March 24-25, 2011	____ March 26, 2011
Dallas, TX	____ April 28-29, 2011	____ April 30, 2011
Orlando, FL	____ June 15-16, 2011	____ June 17, 2011
Portland, OR	____ August 11-12, 2011	____ Aug 13, 2011
New York, NY	____ October 6 - 7, 2011	____ Oct 8, 2011

_____ **$695 Group Leader Certification** _____ **$495 Refresher (Previously certified)** _____ **$495 Back on Track ($595 for non-certified leaders)**

Introduction to Coaching Skills (14 Week Telephonic)

_____ **$695 Telephonic Introduction to Coaching Skills**

_____ **Mondays, Sept 27th – Dec 27th, 2010 5 PM MT**

Advanced Back On Track Facilitator Certification (8 Week Telephonic- 15 CEU's)

_____ **Tuesdays, Oct 26 – Dec 14, 2010 6 PM MT**
_____ **Wednesdays, Jan 26 – March 16, 2011 5 PM MT**
_____ **Tuesdays, April 5 – May 24, 2011 5 PM MT**
_____ **Wednesdays, June 29 – Aug 17, 2011 5 PM MT**
_____ **Tuesdays, Aug 30 – Oct 18, 2011 5 PM MT**
_____ **Wednesdays, Oct 26th – Dec 14, 2011 5 PM MT**

_____ **$695 Back on Track Certification ($200 for previously certified facilitators)**

Advanced Delivery & Techniques & Success Habits Certification

Salt Lake City, UT ____ **May 12 – 14, 2011**
Salt Lake City, UT ____ **Nov 10 - 12, 2011**

_____ **$595 Advanced Delivery & Techniques**

Check # _____ **enclosed or Invoice the above facility PO#** _____

Credit Card # _____ **Exp.**_____

Billing Address: _____ **City** _____ **State** ____ **Zip** _____

Remit to: **Bariatric Support Centers International**
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