

# The RADACT Program

RADACT Behavioral Health Training Institute

## On Line Course Registration Form

<b>*Name:</b>	
<b>*Course:</b>	
<b>Hours:</b>	<b>*Date:</b>
<b>*Mailing Address:</b>	
<b>*City/State/Zip:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	
<b>*E-Mail address:</b>	
<b>* Required information</b>	

**Bring or mail your payment (No credit cards) to the RADACT office:  
3901 Old Seward Highway, Suite 8, Anchorage, AK, 99503**

### FOR OFFICE USE ONLY

Check       Cash       Money Order

Check/Money Order Number: \_\_\_\_\_

\$: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Course Activation Date: \_\_\_\_\_

Deadline Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Grade: Pass

Fail