



WV STARS Webinar Location Request Form

I, _____, understand that the below information will be used by West Virginia State Training and Registry System as the Location Information listed on the Training Calendar and is viewable to participants.

Webinar Platform Name (Format as Program Name and Platform Name)

The following text will be listed in the automated registration email:

Below you will see the word "Room" followed by text followed by a URL (i.e., http://), please click the link below to register for the session. This will provide you access to the materials and the live session. If the link is not highlighted, please use your mouse to copy the URL and paste it into a new web browser window.

Room (Hyperlink for session) _____

Date Session will be Held _____

Signature of WV STARS Trainer/Provider _____

Date _____

West Virginia State Training and Registry System

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