



Enhanced Website Registration Form for: New Organization and Team(s)

Section I: New Organization Registration

The registration information serves several purposes. First, it helps create contact information for MST programs worldwide. Second, it identifies the individuals critical to the maintenance of the MSTI website. The position that must be identified is the Organization's System Manager. The System Manager, often the MST Program Manager or Supervisor, must have an email address and access to the internet. Finally, this form provides MSTI with the necessary information to register teams. This is a critical part of the registration process, as data cannot be entered until at least one team exists.

1. How do you want to identify your organization on the MSTI website? Enter information here.

Organization Name: _____
Street Address: _____
City: _____
State/Province: _____
Country: _____
Zip Code: _____

Note: THIS INFORMATION CAN BE VIEWED ON THE WEBSITE BY OTHER MST TEAMS.

2. Who will serve as the Organization's System Manager*? Identify this person below.

Position: _____
Contact 1 Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

* The system manager has responsibility for identifying all other web users within the organization and monitoring program performance. This person can access information on any team within the organization. There can be multiple users at this level. This person can also be the MST Supervisor. Supervisors who are also the system manager will need to maintain two separate logins that access different information.

3. Is someone else the primary person to answer questions about your MST program? Enter the information below if you want an additional person listed on the website. This is optional.

Position: _____
Contact 2 Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

4. Will your organization have an administrative assistant who will be entering data on the website? If so, identify that person below. This individual will not be listed on the website.

Position: _____
Data Manager
Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

5. Who is the person helping you with program development?

Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

Section II: New Team Registration

Please include ALL information for each TEAM within your organization, below. Usernames and passwords will be administered to supervisors when this page is filled out completely. MSTI cannot complete setup without all information filled out below, for each team.

Each licensed team (as defined in the MST license requirements), within an Organization, will be set up as a separate team on the Enhanced Web Site.

When selecting a name for your team, please make sure to follow the rules below. If the team name you select does not follow these guidelines, we will assist you in renaming them.

- *Team name must be unique.*
- *If you have multiple teams in the same location and want to give them the same name, a unique name can be created by adding a unique numeric value to the end of the name , e.g., Hartford1 and Hartford2*

It is suggested that you use the location of the team, when naming your new team. For example, name the team as the city it is located in.

The team name should be different from the organization name.

TEAM NAME: _____
CITY: _____
STATE: _____
COUNTRY: _____

**MST Treatment
Type (Check
one):**

-
- MST (STANDARD) ____
 - MST-CAN ____
 - MST-PSB ____
 - MST-CM ____
 - MST-PSYCH ____
 - MST-FIT ____
 - MST-BSF (Building Strong Families) ____
 - MST-Drug Court ____
 - MST-HC (health care) ____
 - MST-EC (extended care) ____

Supervisor Name: _____

Note: THE SUPERVISORS WILL BE ABLE TO EDIT THE SUPERVISOR CONTACT INFORMATION ON THE MSTI ENHANCED WEBSITE.

Phone Number: _____

Fax Number: _____

E-mail: _____

Consultant Name: _____

**Using MSTI Call
Center:**

- YES NO UNSURE

*****IF YES, PLEASE FILL OUT AND SIGN ORDER SECTION AT END OF FORM.**

Complete the following for each additional team:

TEAM NAME:

CITY:

STATE:

COUNTRY:

**MST Treatment
Type (Check
one):**

- MST (STANDARD) ____
- MST-CAN ____
- MST-PSB ____
- MST-CM ____
- MST-PSYCH ____
- MST-FIT ____
- MST-BSF (Building Strong Families) ____
- MST-Drug Court ____
- MST-HC (health care) ____
- MST-EC (extended care) ____

Supervisor Name:

Note: THE SUPERVISORS WILL BE ABLE TO EDIT THE SUPERVISOR CONTACT INFORMATION ON THE MSTI ENHANCED WEBSITE.

Phone Number:

Fax Number:

E-mail:

Consultant Name:

**Using MSTI Call
Center:**

- YES NO UNSURE

*****IF YES, PLEASE FILL OUT AND SIGN ORDER SECTION AT END OF FORM.**

Please copy this page if you need to register more than two teams

Section III: MSTI Call Center Registration/Order Form
ALL FIELDS MUST BE FILLED OUT AND SIGNATURE REQUIRED

Term of Service and Method of Payment

Term of Service:

The term of service is one year and will automatically renew for successive one-year terms unless the Organization submits a written request to msti@mstinstitute.org to terminate the service. Service will be terminated 30 days following receipt of the request. The method of payment is detailed in the Organization's agreement with MST Group.

Begin Date: _____

Place an "X" in the right column for each service requested.

Product/Service	Base Price	Requested Service
TAM-R collection	\$25/enrolled family/month	
Follow up collection	Pricing based upon option selected and projected annual volume. Contact Molly Brunk, Molly.Brunk@mstservices.com for more information	

MST Institute

Organization Name: _____

Signature:

Signature:

Name: _____

Name: _____

Title _____

Title _____

Acceptance _____

Date: _____

Date: _____

FAX completed form to MSTI Institute at 866-235-1161