

New Team Registration Form

This form is used to register and add new team(s), to your existing organization. **Please include ALL information for the new TEAM(s) 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.***

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.**

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MSTI CALL CENTER 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