

# HOW TO REGISTER FOR A FACILITATOR WORKSHOP



# **USER GUIDE**

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Please contact our Facilitator Support Team for more assistance. FacilitatorSupport@D2L.org | 843.965.5444

### CREATING A FACILITATOR WORKSHOP PARTICIPANT ACCOUNT

#### 1. Complete the Start Your Training Journey Here form.

https://d2l.coalitionmanager.org/contactmanager/contact/publicregistration

- Select the Facilitator Workshop Participant (\$450) type. This ensures you can access the Facilitator Workshop calendar.
- Please fill out the demographic information questions that you feel comfortable sharing. This helps us understand who are facilitators are. None of these questions are required to create a Facilitator Workshop Participant (\$450) account.
- You must input an active email to create an account and register for a Facilitator Workshop.

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	Contact	Information							
	Membership/Co	ontact type "		ç	Organization/E	Employer			
	Prefix	First Name *		Middle Name		Last Name "			
	Suffix		Pronouns		Occupation				
	Email *				Select Occup Add to Mailing	ation j List?		Activate Windows Go to Settings to activate Wir	dows.
							I'm not a robot		



### CREATING A FACILITATOR WORKSHOP PARTICIPANT ACCOUNT (CONTINUED)

- 2. Check your email and select the link in the Welcome Email from Coalition Manager.
  - Please note that this email will come from info@cmemails.d2l.org.
  - The "Click Here to Validate Email Address & Create Password" button will open in a new window.



3. Complete the form to create a password for your Facilitator Workshop Participant (\$450) account and select SAVE.

Confirm Email	
Thank you for confir password for login.	rming your email. Please set your
Password	
Confirm password	
	SAVE



### CREATING A FACILITATOR WORKSHOP PARTICIPANT ACCOUNT (CONTINUED)

- 4. You will be redirected to the Coalition Manager login page below.
  - If your password has been successfully set, you will see the message: Success! Password Set successfully.

Success! - Password	l Set successfully.
DARKNES END CHILD	STOLIGHT <sup>®</sup>
Welcome to Dar	kness to Light
Login to you	r account
Email	
Password	
Remember me	Forgot Password?
LOG	N



## REGISTERING FOR A FACILITATOR WORKSHOP

#### 1. Log into your account by inputting your email and new password and selecting LOGIN.

• This will open to your Workshop Participant (\$450) dashboard.



2. Scroll down and select View All Trainings to see the available Facilitator Workshop dates.





3. Select the Workshop/date that you want to register.



4. Select Register.





5. Select Single Registration.

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My Registeriors		
Approximate Security	Type of Registration	
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A data wang	(?)	
E RECORDENSATION -	Do you want to create a Single Registration or a Group Registration	
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E STOREFRONT	SINGLE PROFETRATION CROUP RECISTRATION	
PUBLIC DIRECTORY		
	BECOMING A DARKNESS TO LIGHT FACILY OR	
	Facilitator Workshop Pre-Requisite 30.ps:	
COALMON		
MANAGER		

- 6. Select "Select Contact" and click on your name in the dropdown.
  - This will fill the form in with your information.

DARKNESS TO LIGHT	Register For Darkness to Light Vi	rtual Facilitator Workshop							
🕀 DASHBOARD	Event Date June 06, 202	4 09: 0	Time ) AM - 06: 00 PM (Eastern Standard Time	)					
S CONTACT MANAGER									
🔄 TRAINING & EVENTS	Attendee Selecti	ion							
Dashboard	Select the contact staff name y	ou want to register.							
My Profile	If Staff is not in the list, please of Contact Type	go to CONTACT MANAGER and	add them FIRST!	Contact					
My Registrations	Facilitator Workshop Participan	nts (\$450)		<ul> <li>Select Contact</li> </ul>					
Upcoming Events Search	Contact Staff			1				٩	
Registrations/Attendance	Select Staff			* Select Contact					
E-Learning				Sarah Test					
🚊 RESOURCE MANAGER 🛛 🗸	Attendee Contac	t Information							
CUSTOM FORMS	Provide your contact information	on. First name, last name and o	mail address are required.						
	Prefix First Name •	Middle	Name Last Name		Suffix		Pronouns		
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	Street Address			Street Address 2			city (		
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	Email •		Confirm Email •			Phone *		Extension	
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DASHBOARD		Sarah				Test					
CONTACT MANAGER V	Organization *										
	Darkness to Lig	ht									
RAINING & EVENTS	Street Address						Street Address 2			City *	
hboard	3022 S Morgans	Point Road					#118			Mount Pleasar	nt
Profile	State *		Counties		Zip •		ZipX4		Country		
Registrations	South Carolina	*	Select Countie	25 <b>v</b>	29466				United States		·
oming Events Search	Email •				Confirm Email •				Phone *		Extension
gistrations/Attendance	saeadon13@gmail.com			saeadon13@gmail.c	13@gmail.com (854) 222-3235						
earning											
RESOURCE MANAGER $\checkmark$ CUSTOM FORMS $\checkmark$ STOREFRONT	Select the occu Occupation *	pation from the lis	t that best match	lation	This information is	required by our	grants. Job Title * Cool				
PUBLIC DIRECTORY	Certification Id	(if applicable)									
	Paymer	it Informa	tion								
	Attendee type	selection determin	es your total fee.	Members must log	in to register.						
	Payment Metho	od •			Registrati	on Fee					
	Select a Paym	ent Method		•	\$450.	00					

#### 7. Fill in any blank and required contact information.

#### 8. Select the payment method.

• Please note that you can only pay by credit card. If you need to purchase your Workshop registration with another form of payment, please contact <u>FacilitatorSupport@d2l.org</u> for assistance with processing invoices.

DARKNESS TO LIGHT	Attendee Cor Provide your contact info	rmation. First name, la	ation st name and email address are	required.				
	Prefix First Na	me*	Middle Name	Last Name *	Suffix		Pronouns	
DASHBOARD	Sarah			Test				
ି ୧ Contact Manager 🗸 🗸	Organization *							
	Darkness to Light							
TRAINING & EVENTS	Street Address *			St	reet Address 2		City •	
Dashboard	3022 S Morgans Point Road			1	#118		Mount Pleasan	t
My Profile	State •	Counties	Zip *	Zij	pX4	Country		
My Registrations	South Carolina	✓ Select Court	nties • 29466			United States	~	
Upcoming Events Search	Email *		Confirm	n Email *		Phone *		Extension
Registrations/Attendance	saeadon13@gmail.com		saeade	on13@gmail.com		(854) 222-3235		
E-Learning								
E RESOURCE MANAGER ✓ CUSTOM FORMS ✓ STOREFRONT → PUBLIC DIRECTORY	Attendee Pro Select the occupation fro Occupation * Director/Manager Certification Id (if applicabl	fession infor m the list that best ma	mation tehes your profession. This info	rmation is required by our gran	ts. b Title ♥ Cool			
	Payment Info Attendee type selection of Payment Method * Select a Payment Method	rmation letermines your total fo	re. Members must login to regi	ster. Registration Fee \$450.00				



9. Select Online.

DARKNESS TO LIGHT	Organization		Test				
	Darkness to Light						
DASHBOARD	Street Address •			Street Address 2		City •	
CONTACT MANAGER	3022 S Morgans Point Road			#118		Mount Pleasant	
TRAINING & EVENTS	State •	Counties	Zip *	ZipX4	Country		
shboard	South Carolina	Select Counties •	29466		United States	Ŷ	Datasalas
Profile	saeadon13@gmail.com		saeadon13@gmail.com		(854) 222-3235		Extension
Registrations							
coming Events Search							
gistrations/Attendance	Select the occupation from the list t	In Information	. This information is required by ou	grants.			
Learning	Occupation *			Job Title *			
	Director/Manager		•	Cool			
RESOURCE MANAGER V	Certification Id (if applicable)						
CUSTOM FORMS V							
STOREFRONT							
PUBLIC DIRECTORY	Payment Informati	on					
	Attendee type selection determines	your total fee. Members must log	in to register.				
	Payment Method *		Registration Fee				
	Select a Payment Method	*	\$450.00				
	1	٩					
	Select a Payment Method						
	Online						
	JAYL						

10. Select Same As Above if the billing information is the same. If not, input the necessary information.

DARKNESS TO LIGHT"	Payment Information						
END CHILD SERVAL ABUSE	Attendee type selection determines your tota	l fee. Members must login	to register.				
	Payment Method *		Registration Fee				
	Online	•	\$450.00				
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🛃 TRAINING & EVENTS							
Dashboard	SAME AS ADOVE						
My Profile	<ul> <li>Personal Information</li> </ul>						
My Registrations	Prefix First Name *	Middle Name	Last Name *	Suffix		Pronouns	
Upcoming Events Search							
Registrations/Attendance	Organization/Employer •		Email •		Phone *		
Elearning	D2L						
2-Dearning							
2 RESOURCE MANAGER V	+ Payment Information						
	Payment Instrument *						
	How will you pay?		•				
	- Billing Address						
	Street Address ] *			Street Address 2			
	City*	State *		Zip •		Country.	
		Select State	~			Select Country	~
	Notes valated to this as	vmont					-
	<ul> <li>Notes related to this pa</li> </ul>	yment					$(\uparrow)$



#### 11. Select the payment method you prefer - Bank or Card

• You can pay by credit card or online ACH payment.

Prefix First Name * Sarah Organization/Employer * Darkness to Light + Payment Informati Payment Inscrument * How will you pay?	Middle Name	Email • saeadon13@gma	Last Name * Test		Suffix	Phone * (854) 222-3235	Pronouns
Pretix Plas realing Sarah Organization/Employer * Darkness to Light + Payment Informati Payment Instrument * How will you pay?	ion	Email * saeadon13@gma	Test		Sum	Phone * (854) 222-3235	Pronours
Organization/Employer * Darkness to Light + Payment Informati Payment Instrument * How will you pay?	ion	Email • saeadon13@gmi	ilcom			Phone • (854) 222-3235	
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How will you pay?							
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How will you pay?							
Bank							
Card							
Street Address 1 *				Street Address 2			
3022 S Morgans Point Road				#118			
City •	State *			Zip*			Country *
Mount Pleasant	South Carolina		~	29466			United States
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- 12. Fill in the appropriate details and then select SAVE.
  - a. BANK

<ul> <li>Payment Information</li> </ul>		
Payment Instrument *	Total Amount	
Bank	* \$450.00	
Email		
Full name		
First and last name		
Bank account		
Q Search for your bank		
Bank of America.	O PNC	WELLS FARGO
CHASE 🗘	¥¶a USAA*	FEDERAL Credit Union
Enter bank details manually instead (takes 1-2 business days)		



#### b. CARD

+ Payment Information				
Payment instrument * Card	•	Total Amount <b>\$450.00</b>		
Card number		Expiration	CVC	
1234 1234 1234 1234	VISA 🛑 🔣 🕕	MM / YY	CVC	- @
Country		ZIP		
United States	~	12345		

#### c. CODE

• Input the provided and select Apply.

#### **Payment Information**

Attendee type selection determines your total fee. Me	mbers must login to	register.
Payment Method *		Registration Fee
Select a Payment Method	•	\$450.00
Discount Code		
STEST24AE		
APPLY		

#### **Payment Information**

Attendee type selection determines your total fee. Members must login to register.







13. You will be directed to this screen if your registration was successful.



