|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Text  Description automatically generated  Registration Form | | | | | | | | |
| **PARTICIPANT INFORMATION (Applications must be complete to be processed)** | | | | | | | | | | |
| **\*Last name:** | |  | | **\*First Name:** | |  | | **Middle Initial:** |  | |
| **\*Agency Name:** | |  | | | No Agency/Private Practice/Retired | | | | | |
| **\*Agency Address:** | | | | | | | | | | |
| **Street:**  **Street (2):**  **City:**       **State:**       **Zip Code:** | | | | | | | | | | |
| **Phone Number (Please check your preferred phone number):** | | | | | | | | | | |
| Work:        Cell Phone:        Home Phone: | | | | | | | | | | |
| **Email Address:** | | | | | | | | | | |
| **Please specify any special accommodations that you will need for the training. We will confirm availability ahead of the training**. | | | | | | | | | | |
| **Visual**  **Hearing**  **Other**  **Accommodation request:** | | | | | | | | | | |
| **Billing Information** | | | | | | | | | | |
| Accounting Department Phone Number:  Accounting Department Email Address: | | | | | | | | | | |
| **Training:** | | | | | | | | | | |
| **Date(s):** | | | **Training Title:** | | | | **Course Fee:** | | | |
|  | | |  | | | | $ | | | |
|  | | |  | | | | $ | | | |
|  | | |  | | | | $ | | | |

**Registration will not be processed without payment or purchase order**

**If you’re registering with an agency purchase order or check request form, please send this form along with a copy of this purchase order to: CT Women’s Consortium to reserve your spot.**

Email: [training@womensconsortium.org](mailto:training@womensconsortium.org)

Fax: (203) 909-6894

**If you are paying by check:**

**Please mail this form along with your check to:**

CT Women’s Consortium

Training Department

2321 Whitney Ave, Suite 401

Hamden, CT 06518

**To pay by credit card**, please submit a credit card authorization with this form. Credit card authorization forms can be found here:

<https://8d6d7841-c514-42a9-b59d-7361c08d7804.usrfiles.com/ugd/62fb48_e508d02e449f47cb922fda711a839251.pdf>

**All our trainings include a CEC certificate for those who attend in full. CECs are approved by NASW/CT (National Association of Social Workers) and CCB (CT Certification Board).**

**By submitting this form, you are agreeing to the cancellation policy available at** [**www.womensconsortium.org**](http://www.womensconsortium.org)

|  |  |
| --- | --- |
| **For Consortium use only** | |
| **Invoice # Check number:**    **Date payment received: Agency**  **Personal** | **Registration confirmed:** |