|  |  |
| --- | --- |
|  | Text  Description automatically generatedRegistration 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

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)

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