

Registration Form

PARTICIPANT INFORMATION

[Applications must legible and complete to be processed.]

*Last Name	*First Name	Middle Initial
*Agency Name		<input type="checkbox"/> No Agency/Private Practice/Retired
*Agency Address		
Street:		
Street [2]:		
City:	State:	Zip Code:
*Phone number [please check your preferred phone number]		
<input type="checkbox"/> Work:	<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Home Phone
*E-mail address [e-mail address is required to process all registrations, please check your preferred e-mail address]		
<input type="checkbox"/> Business:	<input type="checkbox"/> Personal:	
Please check the dietary restrictions that apply [these pertain to full-day trainings only]		Please check any special accomodation requests
<input type="checkbox"/> none	<input type="checkbox"/> vegan/vegetarian	<input type="checkbox"/> none <input type="checkbox"/> other _____
<input type="checkbox"/> dairy free	<input type="checkbox"/> other allergy _____	<input type="checkbox"/> visual aid required
<input type="checkbox"/> gluten free		<input type="checkbox"/> hard of hearing, interpreter required

BILLING INFORMATION same as above

Street:
Street [2]:
City: State: Zip Code:

CERTIFICATE INFORMATION

All of 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].

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 the purchase order to: CT Women's Consortium to reserve your spot. **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

By submitting this form you agree to our cancellation policy available at www.womensconsortium.org

For consortium use only

Invoice #:	Check number:	Agency <input type="checkbox"/> Personal <input type="checkbox"/>	Registration Confirmed:
Date payment recieved:			