

Registration Form

To Register visit our website at www.njcbw.org

Registrant _____

Work Phone _____

Cell _____

E-mail _____

				<u>MEMBER \$</u>	<u>NON-MEMBER \$</u>
<input type="checkbox"/>	02/15/12	VOA Family Violence Prevention Program	10am-1pm	\$10.00	\$35.00
<input type="checkbox"/>	03/07/12	Self Care for the Helper	10am-1pm	\$10.00	\$35.00
<input type="checkbox"/>	03/14/12	Developing High Performance Teams	10am-1pm	\$10.00	\$35.00
<input type="checkbox"/>	03/22/12	History of Violence Against Women	10am-1pm	\$10.00	\$35.00
<input type="checkbox"/>	03/28/12	Creative Approaches to Working with Children	10am-1pm	\$10.00	\$35.00
<input type="checkbox"/>	04/11/12	Emotional Freedom Techniques	10am-1pm	\$10.00	\$35.00
<input type="checkbox"/>	04/18/12	Group Development & Management	10am-1pm	\$10.00	\$35.00
<input type="checkbox"/>	04/25/12	The Impact of Oppression Diversity Training for DV Advocates	10am-4pm	\$15.00	\$50.00
<input type="checkbox"/>	05/02/12	Sexual Terrorism	10am-4pm	\$15.00	\$50.00
<input type="checkbox"/>	05/09/12	Counseling Survivors of Child Abuse	10am-4pm	\$15.00	\$50.00
			TOTAL	\$ _____.	_____

*All cancellations must be made 24 hours prior to start of training

Registrations will not be made without an acceptable form of payment

To Register visit our website at www.njcbw.org

Name as it Appears on Credit Card: _____

Credit Card Number: _____ Exp Date: ___/___

*CC Security Code: _____

(Amex Card Holds Provide 4 digits on front of your card)

Credit Card Billing Address: _____

Check Enclosed: \$ _____.

(*Amount of Check must match total above)

Check # _____