



## 2009 Rape Crisis Advocacy Training Registration Form

Name:		Job title (if applicable)	
Discipline: (please circle one) Law Enforcement, Social Work, Legal, Prevention, Nursing, Physician, Other Health Care Provider, Investigation, Treatment Provider, Victim Advocate, Educator, Counselor, Other (please list):			
Organization (if applicable)			
The following demographics are requested due to grant requirements. Age: _____ Gender: _____ Race/s: _____ <input type="checkbox"/> person with disabilities <input type="checkbox"/> limited English proficiency <input type="checkbox"/> immigrant/refugee <input type="checkbox"/> live in rural area <input type="checkbox"/> deaf/hard of hearing			
Mailing address:	City:	State:	Zip code:
Daytime phone:		Alternate phone:	
Fax:		E-mail:	
Location of training registering for:		Month & year of training registering for:	

**The cost of training is \$50 dollars. This cost includes a CD of the training manual, all handouts and ucasa membership. If a back-ground check is required, an additional fee may apply.** Submitting this registration form is considered a guarantee of payment whether or not you attend. Training fees are transferable within one year but non-refundable. UCASA reserves the right to eject participants. Ejected participants are not eligible for transfer or refund.

- Payment is enclosed.**
- I will bring payment the first day of training.**

**Please submit registration forms one week prior to training.**

**Please fax completed forms to (801)746.2929**

**or mail to ucasa: 284 west 400 north, slc, ut 84103**

- If you have a special need associated with a disability, please check this box and contact ucasa by telephone, at least two weeks prior to the start of the training, at (801) 746.0404.

For office use only:

Paid      Amount: \$ \_\_\_\_\_ Cash/Check# \_\_\_\_\_

Scholarship

40-hour Certified       24-hour       Other hours: \_\_\_\_\_

Topics left to complete: