



Understanding Domestic Violence: Essentials and Intersections (UDVEI) REGISTRATION FORM

Please print clearly and return this form to:

PO Box 20217 Greeley Square Station New York, NY 10001-0006 • Fax: 212-683-0016 • Email: connect@connectnyc.org
For questions, please call 212-683-0015 ext 215. **Seating is limited so please apply promptly!**

Please indicate which season you are registering for

- _____ Fall 2010: 10/1/2010, 10/8/2010, 10/15/2010, 10/22/2010
- _____ Winter 2011: 1/7/2011, 1/14/2011, 1/21/2011, 1/28/2011
- _____ Spring 2011: 3/25/2011, 4/1/2011, 4/8/2011, 4/15/2011

This is a 4-day course. You must attend all 4 days in order to receive a certificate.

MATERIALS FEE: \$200.00 (ORG. BUDGET REQUIRED FOR SLIDING SCALE ELIGIBILITY)/NO FEE

Name: _____ Organization: _____

Please specify your program within the organization: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Emergency phone/Cell: _____ Email: _____

Supervisor/Director's Name: _____ Super. Phone _____ Super. Email: _____

Please indicate which training(s) you are interested in attending once you complete UDVEI

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|--|--|
| _____ Women's Empowerment | _____ Parenting and DV |
| _____ Working with Children Exposed to Domestic Violence | _____ The Power of Transformation (VT) |
| _____ Understanding Men Who Batter and Abuse <u>Part I</u> | _____ Faith |
| _____ Batterer's Intervention* <small>Understanding Men who batter and Abuse is a prerequisite for this course</small> | _____ Women's Health and Wellness |

How do you plan to use the information, skills and training gained from attending CTI at your organization?

How would you rate your knowledge of domestic violence? *(no-experience) 0 1 2 3 4 5 (specialist)*

Participant's Agreement

Through my participation in these domestic violence trainings, I agree to attend all sessions of the training for the full time scheduled; to actively participate in discussions, exercises and supervision; to complete all homework and projects; and to become a Domestic Violence resource for my agency.

Signature of Supervisor/Director/Date

Signature of Registrant/Date

*Please make fee payable to CONNECT Inc (Check or Money Orders only! Cash is not accepted) Materials fee is non-refundable.