



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: cti@connectnyc.org
For questions, please call 212-683-0015 ext 222. **Seating is limited so please apply promptly!**

Please indicate which season you are registering for

- _____ Fall 2009: 9/25/09, 10/2/09, 10/9/09, 10/16/09
- _____ Winter 2010: 1/8/2010, 1/15/2010, 1/22/2010, 1/29/2010
- _____ Spring 2010: 4/9/2010, 4/16/2010, 4/23/2010, 4/30/2010

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

FEE: \$200.00 (SLIDING SCALE)/NO FEE FOR ACTIVE PARTNERS

Name: _____ Organization: _____

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

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

Telephone: _____ Email: _____

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

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

- | | |
|--|--------------------------|
| _____ Women's Empowerment | _____ Parenting and DV |
| _____ Working with Children Exposed to Domestic Violence | _____ Girl's Empowerment |
| _____ 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> | _____ Group Facilitation |
| | _____ Circles of Support |

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-(CTI) (Check or Money Orders only! Cash is not accepted) Materials fee is non-refundable.