



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

Name: _____ Organization: _____

Please specify which program within your 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

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

Understanding Domestic Violence: Essentials and Intersections is a prerequisite for indicated (*) courses. For fee and schedule information, please visit on the web at:
<http://www.connectnyc.org/programs/cti.php>

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