

**Evidence-Based Trainings Registration Form**

*Strengthening Families – April 15-16*

*Incredible Years – May 28-30*

Participants are required to submit a separate registration for each participant and for each training they plan to attend. Please type or print the information and submit it via email, fax, or mail.

Name: \_\_\_\_\_

Title/Job Description: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(Email must be included for confirmation)

Please inform us of any dietary restrictions you have: \_\_\_\_\_

**Personal Background:**

Please list years in your current position: \_\_\_\_\_

Please list education and experience: \_\_\_\_\_

\_\_\_\_\_

Please **attach** a statement explaining how your agency is planning to implement the program or how the program is already being implemented. If this is a new program, please include your timeline for implementation and the steps involved in implementation. Please indicate whether you have applied for funding to implement this program.

**Training Selection**

- Strengthening Families – April 15–16
- Incredible Years – May 28-30

**Payment Amount:** (includes lunch and materials)

- \$400 General Participant
- \$350 Prevention Network Member

**Payment Method:**

You must submit payment with your registration.

Total Amount Enclosed \_\_\_\_\_ PO# \_\_\_\_\_ Check# \_\_\_\_\_  
(made payable to PCA North Carolina)

Visa / MasterCard

\_\_\_\_\_ Card Number Exp. Date

\_\_\_\_\_ Name on card

\_\_\_\_\_ Cardholder Address

Please submit registration with payment to: Prevent Child Abuse North Carolina, 3725 National Drive, Ste. 101, Raleigh, NC 27612 Fax: 919-832-0308 Email: [lgivens@preventchildabusenc.org](mailto:lgivens@preventchildabusenc.org)