



Domestic Abuse Intervention Programs Training Registration Form

Please complete the registration form, print legibly or type, using one form per person. Space is available on a first-come, first-served basis.

Participant Information:

_____		_____	
Name		Title or Position	

Agency Name			

Address			

_____		_____	_____
City		State	Zip Code

Email Address			

_____		_____	
Phone Number		Fax Number	

Training Name: _____	
Date: _____	Location: _____
_____ Check enclosed	_____ Visa
_____ M/C	_____ AmX
# _____	_____
Credit Card Number	Exp. date
_____	_____
Print Cardholder Name	Signature
Total Amount Enclosed \$ _____	

Make your check payable to Domestic Abuse Intervention Programs and mail your completed registration form with payment to:

Domestic Abuse Intervention Programs
National Training Project
202 East Superior Street
Duluth, MN 55802

You may also fax your completed form to: 218-722-0779 or call us at 866-417-6111 ext. 1 to register.

If you have special needs, please contact us and we will be happy to accommodate.

Questions? Call Domestic Abuse Intervention Programs' National Training Project at 866-417-6111 ext. 1. We are happy to assist you.