JEWISH FAMILY SERVICE OF LOS ANGELES

Registration
40-Hour Domestic Violence Training Program

Fee: $250.00 (includes Materials)
Payment MUST accompany registration form.

Name:_____

Agency Affiliation:_____

Job Title:_____

Address:_____

Agency Telephone No. (_____) _____ Alternate Phone No. (_____) _____

E-mail: (If applying for a group of people, please list emails for all attending from your agency, or best email to forward to all attendees) :_____

Attending training for:

☐ Work requirement ☐ Volunteer

☐ Personal interest ☐ Other- please explain _____

_____

In case of emergency please notify _____
Name /relationship

Phone No. (_____) _____

Payment Information -
Payment MUST accompany registration form.

☐ MC ☐ Visa

Credit Card #_____ Exp date:_____ CRV:_____

Billing Address:_____

Name on Card:_____

Signature:_____

JEWISH FAMILY SERVICE LA

Hope