

REGISTRATION FORM

2013

October 3

EIGHTH ANNUAL STATEWIDE CONFERENCE

“Empowering Women: Building Healthy Communities”

General Information

Name: _____

Organization: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ @ _____

Special Needs

Vegetarian: _____ Yes _____ No

Other: _____

Fees

All day Conference..... \$100.00

Student (w / ID)..... \$ 50.00

Group Table (includes 10 registrations)..... \$850.00

I want to make a donation \$ _____ .00

Total Payment \$ _____ .00

Who Should Attend? Any professional providing services related to domestic and sexual violence. Including but not limited to victim advocate, health and mental care, law enforcement, court staff, private investigator, attorney, department of corrections, social work, child welfare services, foster care, school educator or administrator, higher education, and anyone interested in related issues.

Checks payable to the order of:

*Latino Coalition Against Domestic & Sexual Violence
300 E. Fall Creek Parkway N. Drive, Suite 200
Indianapolis, IN 46205
Tel: (317) 926-4673
Fax: (317) 926-4672*

*Form and payment **due** on or before **September 30, 2013**
Registration **CANNOT** be processed without **full** payment*

Latino Coalition Against Domestic & Sexual Violence