



2008 Rape Crisis Advocacy Training Registration Form

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|--|-------|--|--|
| Name: | | Job title (if applicable) | |
| Discipline: (please circle one) Law Enforcement, Social Work, Legal, Prevention, Nursing, Physician, Other Health Care Provider, Investigation, Treatment Provider, Victim Advocate, Educator, Counselor, Other (please list): | | | |
| Organization (if applicable) | | | |
| The following demographics are requested due to grant requirements. | | | |
| Age: _____ Gender: _____ Race/s: _____ | | | |
| <input type="checkbox"/> person with disabilities | | <input type="checkbox"/> limited English proficiency | <input type="checkbox"/> immigrant/refugee |
| <input type="checkbox"/> live in rural area | | <input type="checkbox"/> deaf/hard of hearing | |
| Mailing address: | City: | State: | Zip code: |
| Daytime phone: | | Alternate phone: | |
| Fax: | | E-mail: | |
| Location of training registering for: | | Month & year of training registering for: | |

The cost of training is \$50 dollars. This cost includes a CD of the training manual, all handouts and ucasa membership. If a background check is required, an additional fee may apply. Submitting this registration form is considered a guarantee of payment whether or not you attend. Training fees are transferable within one year but non-refundable. UCASA reserves the right to eject participants. Ejected participants are not eligible for transfer or refund.

- Payment is enclosed.**
- I will bring payment the first day of training.**

Please submit registration forms one week prior to training.

Please fax completed forms to (801)746.2929

or mail to ucasa: 284 west 400 north, slc, ut 84103

- If you have a special need associated with a disability, please check this box and contact ucasa by telephone, at least two weeks prior to the start of the training, at (801) 746.0404.

For office use only:

Paid Amount: \$ _____ Cash/Check# _____

Scholarship

40-hour Certified 24-hour Other hours: _____

Topics left to complete: