

ICESA Registration Form (Payment by Check)

Trauma-Informed, Evidence-Based Best Practices for Sexual Violence Response

Attendee Information:

Name: _____ Email: _____

Job Title: _____ Agency/Organization: _____

With which of the following disciplines does your role BEST align? (please check only one):

<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	CAC
<input type="checkbox"/>	Campus	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Medical
<input type="checkbox"/>	Other (Please Write In):		

Payment Information:

Select Only (1)	Registration Type	Registration Fee
<input type="checkbox"/>	Full Training	\$40.00
<input type="checkbox"/>	Day 1 Only	\$20.00
<input type="checkbox"/>	Day 2 Only	\$20.00

Check Number: _____ Payment Amount: _____

Is this part of a group registration? If so, please list the total number of registrants in the group: _____

Make checks payable to *Indiana Coalition to End Sexual Assault*, with "May training" in the memo line.

Please mail this completed form & payment to:

ICESA

9245 N. Meridian St. Suite 227

Indianapolis, IN 46260

Contact Information (For receipt of payment & any questions/concerns regarding payment):

Name: _____ Relationship to Above-Listed Attendee (self/Accounting/HR/etc.): _____

Phone Number: _____ Email Address: _____