Responding to Sexual Assault:

A Community Training

Registration Form

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| **Full Name**: Click or tap here to enter text. |
| **Full Address:** Click or tap here to enter text. |
| **Email Address:** Click or tap here to enter text. |
| **Phone Number:** Click or tap here to enter text. |
| **Where are you currently employed?** Click or tap here to enter text. |
| **What is your official job title?** Click or tap here to enter text. |
| **Which training would you like to attend?** |
| [ ]  Blackfeet Training: Wednesday and Thursday, March 27-28  |
| [ ]  Fort Belknap Training: Thursday, April 3  |
| [ ]  Fort Peck Training: Wednesday, April 4  |
| [ ]  Rocky Boy Training: Tuesday, April 9  |
| [ ]  CSKT Training: Tuesday, April 16  |
| [ ]  Northern Cheyenne Training: Wednesday, April 24 |
| [ ]  Crow Training: Thursday, April 25 |
| **We would like to make sure our training meets your needs. Please let us know any questions you may have about responding to sexual assault so we can try to make sure they are addressed in the training.**Click or tap here to enter text. |
| **One of the goals of the training is to develop partnerships and contacts in the community for added assistance and support when responding to a sexual assault. May we share your contact information with other participants?** |
| Yes [ ] No [ ]  |
| **Please indicate what type of free continuing education credits you would like to receive:** |
| POST [ ] CLE [ ]  |