

REGISTRATION FORM: Intimate Partner Violence: *The Silent Secret*

Name: _____

Organization: _____

Organization Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Type of education credits/certificate (check one):

_____ LSW/MFP/LPC _____ Nurse _____ CLE (Legal)

_____ CLEE (Police) _____ General (if needed for attendance)

*Registration fee of \$75.00 covers the conference, breakfast and lunch/per person
For Legal CLE an additional fee of \$75 is required*

**Registrations must be received by October 11, 2019.
Please make copies of this registration form for additional attendees.**

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Mailing Address: _____

City, State, Zip: _____

***Make checks payable to SafeNet. Send completed form(s) to:
SafeNet, Attn: Medical Department, 1702 French Street, Erie, PA 16501
Or via email at: LDEHN@SAFENETERIE.ORG
Or via fax at: 814-314-1506***