

Registration Form

Participant Name: _____

Address: _____

Phone: _____

E-mail: _____

Organization Name: _____

Organization Address: _____

Organization Phone: _____

Session(s) Attending – CHECK ALL THAT APPLY:

Recognizing & Responding to Child Neglect: June 23, 9 am – 12 pm

Responding to Disclosures of Child Abuse: June 23, 1 pm – 4 pm

If you are unable to attend after registering, please cancel so that another person may attend. Attendance for the entire session is expected.

Please return registration by June 15 to:

Pennsylvania Family Support Alliance
Attn: Karin Hardy
2001 North Front Street
Bldg. 1, Suite 210
Harrisburg, PA 17102
(717) 238-0937
Fax: (717) 238-4315

Preferred Mailing Address:

- Home
 Business