



Registration Form

Participant Name: _____

Address: _____

Phone: _____

E-mail: _____

Organization Name: _____

Organization Address: _____

Organization Phone: _____

Session Attending:

Recognizing & Reporting Child Abuse: April 27, 9:00 am – 4:00 pm

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

Please return registration form 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**