

# REGISTRATION FORM

## *A Collaborative Approach To Stop Sexual Harm by Youth*

**Ms. Joann Schladale, M.S., L.M.F.T.**

**November 1, 2010 – November 12, 2010**

**Western Massachusetts Location  
To be Announced**

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (to which textbooks and other materials should be sent if different from above)

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### **Please check the appropriate payment box:**

  

**\$250.00 deposit.** Deposit is non refundable unless the program is cancelled.

**\$1,600.00 full tuition. \***

\* In the event of a cancellation by a registrant, there will be no refunds. However, an alternate may be sent, or the tuition amount can be used towards future programming.

Tuition is due in full by October 15, 2010

Please send your completed application and check payable to **NEARI TRAINING CENTER** to:

**NEARI TRAINING CENTER  
70 North Summer Street  
Holyoke, MA 01040  
ATTN: Diane Langelier**

**PHONE: 413-540-0712 x14**

**FAX: 413-540-1915**

**E-Mail: DCLinMA@aol.com**