

Fall '09

REGISTRATION FORM

Mail to: UNH Registration, Stoke Hall, 11 Garrison Ave., Durham, NH 03824; or call (603) 862-2015;
or go to www.learn.unh.edu/trauma

WORKING WITH CHILDREN FROM DYSFUNCTIONAL FAMILIES AND TRAUMATIC BACKGROUNDS

Friday, December 4, 2009 • 9 a.m.-3:15 p.m. • \$189 • CRN 15907

Name (Please Print) Last: _____ First _____ M.I. _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth (required) _____

SS# is used for ID purposes only and may be required for education tax credits and CEUs tracking.

Phone: (Day) _____ (Eve) _____

Email Address _____

Title _____ Employer _____

Work Address _____

City _____ State _____ Zip _____

Enclosed is \$ _____

by : Check (payable to UNH) VISA MasterCard Discover UNH Pcard

Card No. _____ Exp. Date _____

Name on Card _____ Signature _____