



Registration Form



Name _____ Position _____

Agency _____

Address (Wk)

Address (Hm)

E-mail Address

Phone (Wk) _____ (Hm) _____ Soc. Sec. # _____

Lodging: Non-smoking room Smoking room I do not need a room



Children and Family Services Training Center

University of North Dakota

PO Box 7090

Grand Forks, ND 58202-7090

Phone - 701-777-3442 Fax #'s - 701-777-4257 or 701-777-4459