

TRAINING REGISTRATION FORM

Form and schedule available at www.sacred-circle.com

PLEASE COPY THIS FORM, COMPLETE AND FAX
AS SOON AS POSSIBLE TO (605) 341-2472
OR MAIL WITH PAYMENT TO:

Sacred Circle
722 St. Joseph Street
Rapid City, SD 57701

*Dedicated to Actions that
Promote the Safety and
Sovereignty of Women*



Please Print

Training Title: _____

Training Date: _____ Location: _____ Registration Fee: _____

*If attending an Ending Violence Against Native Women Training Institute, please check the workshop you will be attending.
(Check one only)*

- Role of Batterers' Program Role of Advocates Sexual Violence in the Lives of Native Women Workshop
 Coordinated Community Response Workshop

Name: _____

Title: _____

Personal Tribal Affiliation: _____

Tribe/Organization: _____

Dept/Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell#: _____

Fax: (____) _____ Email: _____

PAYMENT INFORMATION: *Must be completed*

- Payment on-site
 Purchase order # _____
 Mailing check
 Bill me
 Check enclosed

Registration Amount: \$ _____

Sacred Circle is also offering a two for the price of one registration fee special! for every paid registrant you may bring another person and NOT be charge an additional registration fee!

- If you plan to use Office on Violence Against Women funds to attend a Sacred Circle training, please be sure to contact your program manager as soon as possible to give them maximum time to approve your request.

FOR OFFICE USE REGIST ID # and date:

Check #: