

Intertribal Child Welfare Training Partnership Registration Form

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|--|---|---|--|
| Name: | | | |
| | | <input type="checkbox"/> My name has changed. It was: | |
| Title: | | | |
| Agency: | | | |
| Address: | | | |
| City: | | St: | Zip: |
| Work Phone: | | | |
| Home Phone: | | | |
| Email: | | | |
| Fax: | | Supervisor: | |
| Do you have any job responsibilities for providing ongoing case management for CPS/JJ cases? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have any job responsibilities for working with children and/or youth placed in out-of-home care? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you supervise any of the above functions? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Supervisory and/or Practice Area (Check all that apply): | | | |
| <input type="checkbox"/> CPS | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Foster Care Coordinator | <input type="checkbox"/> Foster Parent |
| | | <input type="checkbox"/> Special Needs Adoption | <input type="checkbox"/> Para-professional |
| <input type="checkbox"/> Other: _____ | | | |
| Will your agency be paying for this training <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Years of experience in Child Welfare: | | | |

Vegetarian Meal

If you require disability-related accommodations please contact Liz Hessler @ 920-465-2724. Requests for accommodation should be made as soon as reasonably possible and no later than 14 days prior to the event

Please register me for the following:

| | Title/Training ID # | Location | Date(s) | Fee |
|--------------------------|---------------------|----------|---------|-----|
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |

The Training ID # can be found in parentheses behind the Training Title

To Register:

Complete the registration form and fax it to (920) 465-2961 or mail it to: ICW Training Partnership, UWGB, 2420 Nicolet Dr CL 741, Green Bay WI 54311

Cancellation policy: Call (920) 465-2724 to cancel a registration. Registrants must cancel more than five (5) working days prior to the first day of the training in order to avoid fiscal penalties. Registrants who cancel more than 5 days prior to a training session will be refunded the registration fee they or their agency paid for the training session. Registrants who cancel five (5) or fewer working days prior to the first day of the training session will not be refunded the registration fee they or their agency paid for the session or will be billed for the registration fee if the ICW Training Partnership has not yet received the registration fee. Registrants who transfer to another training session five (5) or fewer working days prior to the first day of the training session will be treated as a cancellation and the registrant remains responsible for paying the registration fee.

Registration Fee: Unless otherwise stated the registration fee is **\$18 per day** for Partnership members and **\$120 per day** for non-members (includes refreshments and lunch).

Please Note: Your name as it appears on this registration is how it will appear on all training related documentation (i.e. confirmation letters and nametags).