

Building Resilience: A Community Response."

Thursday, October 5, 2017

Mount Carmel West Hospital Columbus, Ohio

Please Print!

Registration Form

Registration Deadline: Friday, September 22, 2017

Name _____ Phone (____) _____

Preferred Mailing Address

City _____ State _____ Zip Code _____ County _____

E-Mail Address (PLEASE PRINT CLEARLY)

Type of Continuing Education Credit Desired:

RN/LPN SW/Counselor General Attendance Lawyer

This entire page constitutes your registration form.

Mail registration form to:

The Center for Family Safety and Healing

ATTN: Allison Smith

655 East Livingston Avenue

Columbus, OH 43205

OR

Email registration form to:

Allison.Smith@familysafetyandhealing.org

OR

fax to 614-722-4046

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