

Sexual Assault Victim Advocacy School (SAVAS)

March 1-5, 2010, Madison, WI

REGISTRATION FORM



Complete one form per person. Duplicate this form for additional attendees. **Registration forms must be received by February 15, 2010.** A \$50 late fee will be applied to all registrations received after February 15, 2010.

Registration Information

Please print clearly.

Name _____ Title _____

Agency/Program _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Check here if you do NOT wish to have your address/contact information included in the attendee listing.

Emergency Contact: Provide the name/phone number of person to contact in case of emergency.

Name: _____ Phone no. (day and evening): _____

Do you prefer vegetarian entrees? (Please check one.) _____ Yes _____ No

Any food allergies/special dietary requirements? _____ Yes _____ No

If yes, please specify _____

Please specify if you require any special accommodations with access or communication:

Attendance

Place a checkmark next to the days you will attend. To get the full benefit of the school, WCASA encourages advocates to attend all five days.

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Registration Fees

Place a checkmark next to the appropriate category. Fees are waived for sexual assault victim service provider (SASP) members of WCASA. Fees are \$30 per day for non-SASPs. Please enclose a check or money order, payable to WCASA. WCASA does accept credit cards for payment, see other side for payment information.

_____ SASP Members – fees waived

_____ \$30 per day for Non-SASPs

_____ **Total Registration Fee**

Cancellations and “No Shows”

To cancel, you must contact WCASA by 4:00 p.m. on February 23, 2010. SASPs who do not cancel or do not attend days they were scheduled for will be charged for all costs incurred. Non-SASPs who do not show up will not be refunded.

Send completed forms with payment and direct any questions to:
Kathleen Brandenburg, Office Coordinator
Wisconsin Coalition Against Sexual Assault, Inc. (WCASA)
600 Williamson Street, Suite N-2 • Madison, WI 53703
Telephone: 608-257-1516 • TTY: 608-257-2537
Fax: 608-257-2150 • Website: <http://www.wcasa.org>

Did you...

- Fill out the registration form completely?
- Make a copy for your files?

CREDIT CARD PAYMENT

Payment is being made for: Wisconsin Coalition Against Sexual Assault, Inc.
Sexual Assault Victim Advocacy School (SAVAS)
March 1-5, 2010 • Madison, WI

Type of Credit Card: *(Check one)*

Master Card Visa Discover

Amount to be charged: _____

Name on Credit Card: _____
(Please Print)

Billing Address of Credit Cardholder: *(needed for processing purposes)*

Credit Card Number: _____

Expiration Date: _____

I agree with the above total due and understand that it will be charged to my credit card. If a refund is needed, I understand it will be credited back on to my credit card.

Name: _____

Signature: _____

All information will be kept securely only as long as required by financial guidelines. It will not be shared with anyone nor stored in any computer files. All questions should be routed to Kathleen Brandenburg, Office Coordinator.

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