

PARTICIPANT INFORMATION (Applications must be <u>complete</u> to be processed)			
*Last name:		*First Name:	Middle Initial:
*Agency Name:			<input type="checkbox"/> No Agency/Private Practice/Retired
*Agency Address:			
Street:			
Street (2):			
City:	State:	Zip Code:	
Phone Number (Please check your preferred phone number):			
<input type="checkbox"/> Work:	<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Home Phone:	
Email Address:			
Please specify any special accommodations that you will need for the training. We will confirm availability ahead of the training.			
<input type="checkbox"/> Visual	<input type="checkbox"/> Hearing	<input type="checkbox"/> Other	
Accommodation request:			
Billing Information			
Accounting Department Phone Number:			
Accounting Department Email Address:			
2026 Covington Conference Curriculum ( <i>Please choose 1 from each column</i> )			
Core Curriculum Track:	Special Topic:	Evening Sessions:	
<input type="checkbox"/> Helping Women Recover: A Program for Treating Addiction	<input type="checkbox"/> Integrating Sexuality into Recovery from Addiction and Healing from Trauma	<input type="checkbox"/> Hidden Healers: Justice-Impacted Women	
<input type="checkbox"/> Beyond Trauma: A Healing Journey for Women	<input type="checkbox"/> Healing Trauma+ and Exploring Trauma+	<input type="checkbox"/> A Women's Way Through the Twelve Steps	
<input type="checkbox"/> Voices: A Program of Self-Discovery and Empowerment for Girls	<input type="checkbox"/> A Young Man's Guide to Self-Mastery	<input type="checkbox"/> Both	
<input type="checkbox"/> Beyond Violence+ / Beyond Anger and Violence+ Programs for Women and Gender Diverse People	<input type="checkbox"/> The Trauma Informed Effective Reinforcement (TIER) System	<input type="checkbox"/> Neither	
<input type="checkbox"/> Helping Men Recover: A Program for Treating Addiction			

Registration will not be processed without payment or purchase order

If you're registering with an agency purchase order or check request form, please send this form along with a copy of this purchase order to: CT Women's Consortium to reserve your spot.

Email: [training@womensconsortium.org](mailto:training@womensconsortium.org)

Fax: (203)909-6894

If you are paying by check:

Please mail this form along with your check to:

CT Women's Consortium  
Training Department  
2321 Whitney Ave, Suite 401  
Hamden, CT 06518

To pay by credit card, please submit a credit card authorization with this form. Credit card authorization forms can be found here: [https://8d6d7841-c514-42a9-b59d-7361c08d7804.usfiles.com/ugd/62fb48\\_e508d02e449f47cb922fda711a839251.pdf](https://8d6d7841-c514-42a9-b59d-7361c08d7804.usfiles.com/ugd/62fb48_e508d02e449f47cb922fda711a839251.pdf)

All our trainings include a CEC certificate for those who attend in full. CECs are approved by NASW/CT (National Association of Social Workers) and CCB (CT Certification Board).

By submitting this form, you are agreeing to the cancellation policy available at [www.womensconsortium.org](http://www.womensconsortium.org)

For Consortium use only		
Invoice #	Check number:	Registration confirmed:
Date payment received:	Agency <input type="checkbox"/> Personal <input type="checkbox"/>	