The Connecticut Women's Consortium

Registration Form

Covington Curriculum CONFERENCE

PARTICIPANT INFORMATION (Applications must be complete to be processed)					
***Last name:**		***First Name:**		**Middle Initial:**	
***Agency Name:**		☐ No Agency/Private Practice/Retired			
***Agency Address:**					
Street:					
Street (2):					
City:	**State:**	**Zip Code:**			
Phone Number (Please check your preferred phone number):					
☐ Work:	☐ Cell Phone:	☐ Home Phone:			
Email Address:					
Please specify any special accommodations that you will need for the training. We will confirm availability ahead of the training.					
☐ **Visual**	☐ **Hearing**	☐ **Other**			
Accommodation request:					
Billing Information					
Accounting Department Phone Number:					
Accounting Department Email Address:					

2026 Covington Conference Curriculum (*Please choose 1 from each column*)

Core Curriclum Track:	**Special Topic:**	**Evening Sessions:**
☐ Helping Women Recover: A Program for Treating Addiction	☐ Integrating Sexuality into Recovery from Addiction and Healing from Trauma	☐ Hidden Healers: Justice-Impacted Women
☐ Beyond Trauma: A Healing Journey for Women	☐ Healing Trauma+ and Exploring Trauma+	☐ A Women's Way Through the Twelve Steps
☐ Voices: A Program of Self-Discovery and Empowerment for Girls and Young Women	☐ A Young Man's Guide to Self-Mastery	☐ Both
☐ Helping Men Recover: A Program for Treating Addiction	☐ The Trauma Informed Effective Reinforcement (TIER) System	☐ Neither

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

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 authorizationwith this form. Credit card authorization forms can be found here: https://8d6d7841-c514-42a9-b59d-7361c08d7804.usrfiles.com/ugd/62fb48_e508d02e449f47cb922fda711a839251.pdf

All our trainings include a CEC certificate for those who attend in full. CECs areapproved 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

For Consortium use only		
Invoice #	**Check number:**	**Registration confirmed:**
Date payment received:	**Agency** ☐ **Personal** ☐	