
REGISTRATION FORM

**DOMESTIC
VIOLENCE
CERTIFICATE OF
ACHIEVEMENT**

**GENERAL
ADVOCACY
ISSUES**

Name: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

I prefer to receive my correspondence:

- By mail
- Via email

Amount due:

- NNADV member DV program staff/board/volunteer (fee waived)
 - \$50.00 NNADV organizational member fee
 - \$50.00 NNADV individual member fee
 - \$100.00 Non-member fee
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- Please **DO NOT** include my name in a directory of certificate seekers or graduates (if you do not indicate otherwise here, we will make your contact information available to other participants).
 - Please contact me about the possibility of obtaining CEUs for this course.

Registration form is continued on next page ...

