

Human Services Institute  
Fall 2018

## Registration Form

One Form Per Person Please!

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City / Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Supervisor's Initials: \_\_\_\_\_

Please check:

\_\_\_ Domestic Homicide (Sept. 20) **\$40.00**

\_\_\_ Tools To Handle Delicate Situations (Oct. 18) **\$60.00**

\_\_\_ Creating an Emotional Safety Zone (Nov. 20) **\$40.00**

\_\_\_ Leadership to Management (Dec. 13) **\$40.00**

\_\_\_\_\_ workshop(s) x \$40.00

\_\_\_\_\_ workshop(s) x \$60.00

= \_\_\_\_\_ (total enclosed)

Make check payable to:  
"County of Bergen"