

Human Services Institute
Spring/Summer 2018
Registration Form

One Form Per Person Please!

Name: _____

Agency: _____

Address: _____

City / Zip Code: _____

Daytime Phone: _____

E-mail Address: _____

Supervisor's Initials: _____

Please check:

____ Elder Abuse (March 14) \$38.00

____ Cultural Competency (April 19) **\$55.00**

____ Healthy Eating (May 17) \$38.00

____ Disability Awareness (June 21) \$38.00

____ Professional Fatigue (July 11) \$38.00

____ Social Work Ethics (August 7) **\$55.00**

_____ workshop(s) x \$38.00

_____ workshop(s) x \$55.00

= _____ (total enclosed)

Make check payable to:
"County of Bergen"