

October 13 - 15, 2014
INTRODUCTORY SESSION
Training Registration Form



A minimum of one Program Administrator and one Program Trainer is required for each You Have Options Program Participating Law Enforcement Agency to remain certified. Use additional registration form if more than one Program Administrator/Trainer is attending the Introductory Session. For questions, please contact Project Manager Carrie Hull at 541-552-2126 or carrie.hull@ashland.or.us

Introductory Session agenda and additional information on accommodations and transportation can be found at www.SexualAssaultTraining.org. Registration Fee: \$150.00 Per Person

Placement in training is not guaranteed until payment is received. Registration fee includes three full days of training, certification, all session materials, transportation to/from conference location from select hotels and a continental breakfast, afternoon snacks and beverages each day. Hotel and airfare are not included. Payment can be made by check or money order. Sorry, no credit cards accepted at this time.

Make checks payable to: City of Ashland Mail payment to: Attn: Carrie Hull 1155 E. Main St. Ashland, OR 97520

Participating Law Enforcement Agency **PROGRAM ADMINISTRATOR** Contact Information:

First Name

Last Name

Agency

Title/Position

Phone Number

E-mail Address

Street Address

Street Address Line 2

City

State

Zip Code

I have read the You Have Options Program's **Roles and Responsibilities of a You Have Options Program Law Enforcement Agency** and understand the duties of a **Program Administrator**. I am attending this training with the intention of obtaining certification as a Program Administrator and understand the Introductory Session is a "train-the-trainer" model requiring attendance and completion of a all training sessions.

Yes

No

I will also be attending the Southern Oregon Sexual Assault Symposium (October 16 - 17, 2014)

Yes

No

Participating Law Enforcement Agency **PROGRAM TRAINER** Contact Information:

First Name

Last Name

Agency

Title/Position

Phone Number

E-mail Address

Street Address

Street Address Line 2

City

State

Zip Code

I have read the You Have Options Program's **Roles and Responsibilities of a You Have Options Program Law Enforcement Agency** and understand the duties of a **Program Trainer**. I am attending this training with the intention of obtaining certification as a Program Trainer and understand the Introductory Session is a "train-the-trainer" model requiring attendance and completion of all training sessions.

Yes

No

I will also be attending the Southern Oregon Sexual Assault Symposium (October 16 - 17, 2014)

Yes

No

Additional Attendee (non-Program Administrator/Trainer) Contact Information:

First Name

Last Name

Agency

Title/Position

Phone Number

E-mail Address

Street Address

Street Address Line 2

City

State

Zip Code

I will also be attending the Southern Oregon Sexual Assault Symposium (October 16 - 17, 2014)

Yes

No