

# 2 DAY TF-CBT TRAINING REGISTRATION FORM

**Two Day Training: in Trauma Focused Cognitive Behavioral Therapy  
DMH Certified Trainer: Lisette Rivas-Hermina, LMFT**

**When: January 10<sup>th</sup> and 11<sup>th</sup>, 2019 9am - 4:30pm  
Where: NCJW I LA 543 N. Fairfax Ave. Los Angeles, CA 90036**

Completion of online training prior to 2-day basic TF-CBT training is required,  
administration fee is \$35: <https://tfcbt2.musc.edu/>

Please e-mail the registration form below to [tfcbt@ncjwla.org](mailto:tfcbt@ncjwla.org)

Send checks separately to: **NCJW I LA ATTN: Accounts Payable/Receivable  
543 N Fairfax Ave Los Angeles, CA 90036**

**Important: Submitting this form DOES NOT guarantee attendance-  
Please refer to CONFIRMATION NOTICES on page two of this form.**

## REGISTRATION INFORMATION

I would like to register # \_\_\_\_\_ people @ \$250 per person

**Total Payment: \$ \_\_\_\_\_**

Registrant Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Registrant Email: \_\_\_\_\_

**Please include page two of this form listing the names of all attendees you are registering.**

Check payable to NCJW I LA is in the mail    Charge to (please circle):     Visa     MasterCard

Card Number: \_\_\_\_\_ Security Code\*: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*The last three digits in the top right corner on the signature box on the back of the card.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Name of Cardholder (please print): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

# 2 DAY TF-CBT TRAINING REGISTRATION FORM

**AGENCY:** \_\_\_\_\_

**NAME(S) OF ATTENDEE(S):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**CONFIRMATION NOTICES:** NCJW | LA will notify registrant of seat availability 24 – 48 hours after receipt of the completed registration form. If the training is full, you will be notified of the next scheduled training dates. Payment receipt will be emailed after credit card payment is processed or upon receipt of check payment. Please contact Joanie Ceballos at **323-852-8518** if you should have any additional registration questions / concerns.

**PARKING:** An event reminder including parking instructions will be emailed a week prior to the training. **We have *limited* parking available in our lot, so please carpool if possible. There is street and metered parking in the surrounding neighborhoods.** Lunch is on your own.

### **CERTIFICATE OF COMPLETION:**

Successful completion includes full attendance of both days and submission of the training evaluation form that will be provided to you at the end of the training. No partial credit will be given. Certificates of completion are emailed the week following a training event. If your agency registered you, the certificate is emailed to the person responsible for registering the participants. If you register as an individual, the certificate will be emailed directly to you. **If you need verification of attendance for DMH, please contact Lisette Rivas-Hermina directly.**

**CONSULTATION** calls will be set up with the **trainer** after completion of the training depending on the need.

### **CANCELLATION POLICY:**

If you sign up for this training and cannot attend, you must inform us at least 15 days or more from the training date to receive 50% of the registration fee back to you. Fee will be returned in a form of a check. No cash refunds will be provided. No refunds will be given if cancelled within 14 days from day of training. You must attend both days of the two day training as scheduled, in order to receive credit and certificate of attendance. No credit and/or refunds will be given to those who attend one day only. If you attend one day only, you lose your fee and credit. No exceptions.