

## TIR Workshop Registration

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Workshop Date: \_\_\_\_\_ Workshop Location: \_\_\_\_\_

Workshop fee per the website: \_\_\_\_\_

Number attending: \_\_\_\_\_ -

Total:

Make checks out to:

Traumatraining.net and mail to Teresa Descilo  
16313 SW 99<sup>th</sup> Place, Miami, FL 33157

If you want to fax a credit payment rather than use the website:

Credit card number: \_\_\_\_\_ exp date: \_\_\_\_\_

(Mastercard or Visa only)

Signature: \_\_\_\_\_ Fax to: 305-374-9995