

# REGISTRATION FORM

MEETING AND INTERVIEWING CHILDREN FOR ADR

12 STEP VOICE OF THE CHILD REPORTS



NAME:

ADDRESS:

TELEPHONE:

EMAIL:

Please check:

- ADR PROFESSIONAL
- CHILD WELFARE PROFESSIONAL
- OCL CLINICAL PANEL
- OCL LEGAL PANEL
- LAWYER
- PARENTING COORDINATOR
- OTHER \_\_\_\_\_

ETRANSFER SENT TO [drodrigues@pccs.ca](mailto:drodrigues@pccs.ca)

- \$1356.00 (\$1200 FOR THREE DAYS PLUS HST)

Full refund for cancellation up to 30 days in advance of the first training day.

PAYMENT MUST BE RECEIVED TO SECURE YOUR REGISTRATION

LIMITED REGISTRATION!