



2016 International Conference on Sexual Assault,
Domestic Violence, and Engaging Men & Boys
Registration Form

Washington, DC -- March 22-24, 2016

Online Registration is available at www.evawintl.org

Personal Information: *Please type or print clearly. This information will be used to create your name badge and certificate.*

Name (First, MI, Last): _____

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Email: _____

Position/Field: *(Please select the category that describes your position)*

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Criminal Justice Professional | <input type="checkbox"/> Tribal Groups / Agencies / Representatives |
| <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Faith-Based Organizations / Spiritual Leaders |
| <input type="checkbox"/> Health Care / Forensic Examiner | <input type="checkbox"/> Military |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Multidisciplinary Group |
| <input type="checkbox"/> Human Services / Government Agencies | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education / Campus Professional | |

Accommodations: Every effort will be made to accommodate advance requests; on-site requests cannot be guaranteed. Please contact Kathryn Brown at kathryn@evawintl.org with any questions.

Please specify any special needs, e.g. ASL interpreter, ADA accessibility, nursing mother.

Dietary Restrictions:

☐ Vegan ☐ Vegetarian ☐ Gluten Free ☐ Food Allergies (Please specify) _____

Fees: To take advantage of an early-bird discount, payment must be received or postmarked by:

- ☐ \$445.00 – December 1, 2015 (\$100 early-bird discount)
- ☐ \$495.00 – February 1, 2016 (\$50 early-bird discount)
- ☐ \$545.00 – After February 1, 2016
- ☐ \$395.00 – Full Time Student (Valid student ID and/or course schedule indicating current enrollment in 12 or more semester credits, or the equivalent, must be included with this form.)

Team Discounts: Team discounts are available for teams of 5 or more. Register 4 people and the 5th registration is FREE! Register online for a TEAM REGISTRATION to receive a discount code.



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Conference Fees Include:

- 3 days of training and course materials
- 3 continental breakfasts
- 3 lunches and afternoon beverage breaks

Continuing Education:

EVAWI currently provides Continuing Education (CE) contact hours for **Nurses** and **Social Workers** only. Because of the varying needs and costs associated, we are not able to provide CE contact hours for other disciplines at this time.

☐ \$25.00 – Continuing Education Fee – ☐ Nurse – License # Required: _____
☐ Social Worker

Method of Payment: (Make checks payable to **EVAWI**)

☐ Check ☐ Money Order ☐ Purchase Order #: _____

☐ Credit Card (check one): ☐ Visa ☐ MasterCard ☐ Discover

Credit Card #: _____ Exp. Date: _____

Security Code (3 digit number on back of card): _____ Cardholder Telephone: _____

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____

Refunds & Cancellation Policy: Cancellation requests must be received by February 19, 2016. No refunds will be given after this date. Cancellation and refund requests must be made in writing and must be emailed to jessica@evawintl.org or faxed to 774-404-7108. An administrative fee of \$100 applies to all cancellations. Refunds are processed 30-45 days following your request. Please contact jessica@evawintl.org for additional information.

Substitutions: If you have registered and you want to avoid a cancellation fee, you may substitute your registration with a colleague or co-worker. To make a substitution, complete a new manual conference registration form for the substitute participant. When completed, the original registrant should email info@evawintl.org and attach the new registration form. The email must include the following information:

- A request for a substitution
- The name of the original registrant (must be the person making the request)
- The name of the substitute and a completed registration form

Please send this form and payment to:

EVAWI, P.O. Box 33, Addy, WA 99101-0033 | Fax 509-684-9801 | info@evawintl.org