CornerHouse
Child Sexual Abuse Forensic Interview Training
2012 Registration Form

Contact Sandy Heitkamp Before Making Any Flight Reservations – 612-813-8310		
Name:		
Title:		
Agency:		
County:		
Street Address:		
City:	State:	Zip:
Phone #:	Email (please print clearly):	

TRAINING DATES:

- ☐ May 14-18, 2012
- ☐ July 9-13, 2012
- ☐ August 13-17, 2012
- ☐ October 1-5, 2012
- ☐ November 5-9, 2012

COURSE FEE $950
Please check payment option:
___ Check or purchase order enclosed
___ Credit Card (CornerHouse will contact for credit card information)
___ Minnesota Department of Human Services Grant (Attach grant award letter)

CORNERHOUSE TRAINEE COMMITMENT STATEMENT *(Please initial next to each statement)*

As a training participant I commit to the following:

____ **To attend and be on time for all course sessions** conducted from 8:00 am – 4:30 pm Monday through Thursday and 8:00 am – 3:30 pm Friday. I understand that if I miss any portion of a course session I will not receive a certificate of completion for the course.

____ **To abide by the following cancellation policy:** Participants and/or host agencies must notify CornerHouse verbally and in writing 120 days prior to the training date of any cancellation. When these requirements are met, the entire training fee, less a $25.00 administrative fee will be refunded. If CornerHouse is notified less than 120 days but more than 60 days prior to the training, 50% of the training fee will be refunded. If CornerHouse is notified within 60 days of the training, no refund will be given.

____ **To turn off my cell phone** during all lectures.

For Minnesota DHS scholarship recipients only:

____ **To ensure the responsible use of any grant funds** awarded to me, I understand that if I do not attend all course sessions, and pass the course exam, my agency will be asked to pay my tuition and my grant award will be reallocated to another eligible professional.

Trainee Signature: _____ Date:_____

Supervisor Signature: _____ Date: _____

Return completed registration form and payment to:
Sandy Heitkamp • CornerHouse
2502 10th Avenue South • Minneapolis, MN 55404
Phone: 612-813-8310 • Fax: 612-813-8330 • sandra.heitkamp@childrensmn.org

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