



## 2016 NEW LAWS REGISTRATION FORM

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email (required) \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Add me to your list serve<br><input type="checkbox"/> I am already on your list serve<br><input type="checkbox"/> I have a new email address, please change to the one above. | At the training I need:<br><input type="checkbox"/> Interpreter (please specify language) _____<br><input type="checkbox"/> Other (please be specific) _____ |
|--|--|

### Choose Your Location:

- |   |  |
|---|--|
| <input type="checkbox"/> Grand Marais, August 11-12<br><input type="checkbox"/> Bemidji, August 18-19<br><input type="checkbox"/> Willmar, August 25-26 | <input type="checkbox"/> Hinckley, September 8-9<br><input type="checkbox"/> Rochester, September 22-23<br><input type="checkbox"/> Arden Hills, October 3-4 |
|---|--|

**Registration Fee: Please enclose payment with the registration form. 48-hour notice is required for any cancellation. Please mark the box on which days you will be attending.**

Battered Women's Program advocates, Law Enforcement, Guardians Ad Litem and other Direct Service Providers	Legal Aid/Legal Services and Attorneys Associated with a Volunteer Attorney Program	Private Attorneys and the General Public
Day 1      \$30.00 <input type="checkbox"/>	Day 1      \$60.00 <input type="checkbox"/>	Day 1      \$90.00 <input type="checkbox"/>
Day 2      \$30.00 <input type="checkbox"/>	Day 2      \$60.00 <input type="checkbox"/>	Day 2      \$90.00 <input type="checkbox"/>
<b>Both Days    \$50.00    <input type="checkbox"/></b>	<b>Both Days    \$100.00    <input type="checkbox"/></b>	<b>Both Days    \$150.00    <input type="checkbox"/></b>

CLEs will be for both days will be applied for.  
 12 Post credits for Law Enforcement will be applied for

Handouts will be made available by CD Rom.  
 Hard Copies of all power points will be available for each presentation.

**Please complete this registration form and mail with the registration fee to:  
 BWLAP, 1611 Park Avenue South, Suite 2, Minneapolis, MN. 55404**

Confirmation of registration, location specifics, hotel information and full agenda will be sent electronically.

**Questions? Contact Deirdre at 612-343-9845 or deirdre@bwlap.org**

**FAX number: 612-343-0786**