

## How to Identify and Assist Victims of Human Trafficking Registration Form

Please check the training session you will attend



- Greensboro: Wednesday, July 15
- High Point: Thursday, July 16
- Winston-Salem: Friday, July 17

### Your Contact Information

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

Organization: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Will you be requesting CEU credit?

Yes

No

- My check for \$ 15 is enclosed
- I would like to pay by credit card

Name as it appears on credit card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Credit Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_



Mail this form: Triad Ladder of Hope  
1022 Hutton Lane, Suite 106  
High Point, NC 27262

Fax to: (336) 883-4989

E-mail to: [Danielle@TriadLadderofhope.org](mailto:Danielle@TriadLadderofhope.org)

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