



Vicarious Trauma

Step 1

First determine if there is a space available in the training session you want by contacting Leslie at 204-784-4206 or email ldebrecen@klinik.mb.ca.

Step 2

Forward completed registration form and payment to:

Klinik Community Health Centre *(Please make cheque payable to Klinik.)*
Attn: L. Debrecen
870 Portage Avenue, Winnipeg MB R3G 0P1

Location of training event: **Klinik CHC, 870 Portage Avenue, Winnipeg MB**

Cost: **\$100 per person** (lunch is not provided)

___ February 23, 2017

___ April 26, 2017

Name: _____

Agency: _____

Tel #: _____

Position: _____

Fax #: _____

Mailing Address (include postal code):

Email: _____

Payment Enclosed:

Please Invoice: * (fax to 204-772-7998)

* To invoice an agency/organization, the following information is required:

Agency/Dept. _____

Invoice to Attn of: _____ Tel: (____) _____

Email: _____ Fax: (____) _____

Receipt required (Receipt issued to payee and mailed to 'Mailing Address' provided.)

NOTE: We reserve the right to cancel due to insufficient registration. Minimum one-week written notice of cancellation of registration is required for a full refund.