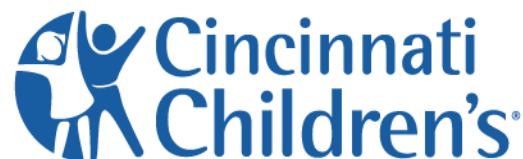


The Childhood Trust Forensic Interviewer Training Registration



Course Dates (Check one):

October 3-7, 2011

Cost: \$900

Name: _____

Agency: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Fax:** _____

Home Phone: _____ **Email address:** _____

Mail or fax registration to:

Dr. Erna Olafson
The Childhood Trust
311 Albert Sabin Way, Floor R
Cincinnati, OH 45229-0539
Fax: 513-558-4107

Method of payment:

Check (If the registration is faxed, the registration must be sent by mail with your check as soon as possible.) *Please make checks payable to: Cincinnati Children's Hospital Medical Center.*

Credit Card: Visa / Master Card

Amount \$ _____ Card # _____ Expiration Date: _____

Name on card: _____ Signature: _____ Today's Date: _____

For more information:

Please contact Erna Olafson or Sarah Bucher at 513-558-4067.

**The Childhood Trust Forensic
Interview Training**
Cincinnati Children's Hospital Medical Center
University of Cincinnati, College of Medicine
Department of Psychiatry, ML 0539
Cincinnati, OH 45229-0539