

# RESERVATION FORM

## *"A Collaborative Approach To Stop Sexual Harm by Youth"*

**Ms. Joann Schladale, M.S., L.M.F.T.**

**May 3 – 14, 2010**

**Western Massachusetts  
Facility to be Announced**

**NAME:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

(to which textbooks and other materials should be sent if different from above)

**MAILING  
ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Please check the appropriate payment box:**

- \$250.00 deposit.** Deposit is non refundable unless the program is cancelled.
- \$1,600.00 full tuition. \***

\* In the event of a cancellation by a registrant, there will be no refunds.  
However, an alternate may be sent, or the tuition amount can be used towards  
future programming.

**Tuition is due in full by October 1, 2009**

Please send your completed application and check payable to **NEARI TRAINING CENTER** to:

**NEARI TRAINING CENTER  
70 North Summer Street  
Holyoke, MA 01040  
ATTN: Diane Langelier**

**PHONE: 413-540-0712 x14  
FAX: 413-540-1915  
E-Mail: DCLinMA@aol.com**