**TRAINING REGISTRATION**

**Training Title: *Child Abuse Interviewing Skills Training (formerly FIBP)***

**Training Site: Zoom training**

**Date(s): May 5, 6, 7, 8, and 9, 2025**

**Time: 8:45 AM – 4:30PM Except Thursday the 8th may end earlier.**

**Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** NY **Zip Code** \_\_\_\_\_

**Person to invoice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Last Name:** | **First Name:** | **Job Title** | **Phone #** | **E-mail address** |
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**Registration Closing: April 14, 2025**

**Please e-mail the above information to** [CAKL0809@gmail.com](mailto:cakl0809@gmail.com)

Att: **Chris Larkin, 315-552-4326**