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| cadcplogoCalifornia Association of Drug Court Professionals[www.cadcp.org](http://www.cadcp.org)ONE DAY TRAINING |

Trauma–Informed Responses:

The Missing Piece for Effective Treatment Courts

REGISTRATION

***Faculty, Staff or Pre-Approved***

|  |  |  |
| --- | --- | --- |
| Date:  |  | County: |
| Name: | E-mail: |
| Court/Organization/Agency: |  |
| Address: |  |
| Address Line 2: |  | City: |
| State  | Zip Code: | Country: |

You are a:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Judge |  | Coordinator |  | Probation |  | Treatment |  |
| Prosecutor |  | Defense |  | Other(specify) |  |

|  |  |  |
| --- | --- | --- |
| Are you a paid 2013 CADCP Member? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Please indicate if ADA assistance is required. | Yes | No |

Lunch and refreshments are included in your registration fee.

Please indicate:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No Diet Restriction |  | Vegetarian |  | Vegan |  | Gluten-Free |  |

Please select which Facilitated Breakout by Target Population you plan to attend:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adult Males |  | Adult Females |  | Veterans |  | Mentally Ill |  | Children & Youth |  |

Have questions? Call 510-347-4444

Mail your completed registration form and payment to:

**CADCP**
**P.O. Box 1055**
**San Leandro, CA 94577-0121**