## TRAINING REGISTRATION

Training Title:	Forensic Interviewi	ng Best Practice 1	raining (FIBP)		
Training Site:	Via Zoom				
Date(s): Apri	1 22, 23, 28, 29, 30,	2021			
Time: 8:45 AN	/I − 4:15PM See inf	ormation below.			
Agency:			Phone:		
Address:		City:	State: New York Zip Code		
Contact Person:		E-Mail Addre	E-Mail Address:		
Technology Req	uirements				
	outer with camera and a role plays and group dis		able internet access as v	vell as a quiet space to learn	
st Name:	First Name:	Job Title	Phone #	E-mail address	
Registration C	losing: April 16, 202	<b>:1</b>			
Please e-mail t	the above informat	ion to cakl0809@	gmail.com Att: C	hris Larkin	
Week 1:					
Days: Thursday and Friday – April 22 and 23, 2021 Time: $8:45 \text{AM} - 4:15 \text{PM}$					
Week 2: Days: Wednesda	y - Friday April 28-3	30, 2021	Time: 8:45AM – 4:	15РМ	
Identify who f	rom your agency w	ill be responsible	for payment:		
Invoice sent to: Name			_ E Mil Address: Phone Number:		
	Audress		rnone Number:		