



“Every speaker here was phenomenal. They were all engaging speakers, very knowledgeable! Truly, the best conference I've ever attended...and I've attended a few!”

“Delivery of information on TIC was great! Did an amazing job of engaging and grasping the attention of the audience.”

“Very clear direction. The entire day flowed beautifully. I was inspired. Clearly much thought and preparation went into this day. Thank you.”

“Clear and concise; well prepared with relevant material”

“The whole day was an outstanding learning experience. Thank you!”

“Use of humor very helpful balanced with serious information that was very relevant.”

“Pace was perfect and your passion and compassion shines through.”

“The quotes and personal experience tied in well with the presentation to give a personal touch.”

“Great presenter and very captivating.”

Trauma Informed Care with Unconscious Cultural Bias Reduction Training Registration

Wednesday, September 18th 2019

Name _____
First M.I. Last

Degree Affiliation _____

Mailing Address _____

City/State _____ Zip _____

Daytime Telephone _____ Fax _____

Email _____

Special Dietary Needs: Kosher Vegetarian Gluten Free Other

REGISTRATION FEE: \$495 for full day

TO REGISTER

Step 1: E-mail Jayxa Alonzo to register: jalonzol@montefiore.org

Step 2: Fax Completed registration form to 914-326-1378 **OR**

Mail Completed registration form **with payment** to:

ATTN: Daniel Lombardo
200 Corporate Blvd South, Suite
175 Yonkers, NY 10701

On your check memo line, please write "Pediatric BHIP MMG"

Or charge my Visa MasterCard American Express

Card No. _____ Exp. Date _____

Signature _____

Name of Card Holder _____

For questions, email: Dana E Crawford
dacrawfo@montefiore.org

Cancellation Policy

\$100 Cancellation Fee. Request for refund MUST be received in writing by August 21, 2019. **NO REFUND AFTER THIS DATE**