



# FROM VICTIM TO *SURVIVOR*

## REGISTRATION

Name \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### **Fax Registration To:**

**Jill Roberts ♦ Catholic Charities of Oneida & Madison County ♦ (315) 724-5318 FAX**

**OR**

**Register Online at: [www.helpatriskcc.org](http://www.helpatriskcc.org)**

**Registration Deadline: 10/28/16**

An email confirming Receipt of Registration will be sent to the email address of each registrant.

If a Receipt of Registration email is not received within 2 business days (M-F) contact

***Jill Roberts at (315) 724-2158 x 246***



*Creating Hope, Transforming Lives*

**Catholic Charities**  
DIOCESE OF SYRACUSE  
Oneida/Madison County

