

FCPTI/VICTIM SERVICES REGISTRATION FORM

- ◆ Indicate the course you plan to attend
- ◆ Indicate VOCA Funded Staff or Funded Program or Other
- ◆ One registration form per person
- ◆ One registration form per course
- ◆ Include your identification number
- ◆ Photocopy the form as needed for additional registrations
- ◆ Registration form is due 6 weeks prior to the start date of training for VOCA attendance priority

Name: _____
(Please print full name legibly that is to appear on certificate.)

Date of Birth: Month _____ Day _____ Last 4 digits of SSN _____

Agency Name: _____

Agency Address: _____
(street or box)

(city) (state) (zip code)

(Telephone Number) (Fax Number)

(E-mail Address) _____

VOCA Funded Position ☐ **VOCA Funded Program** ☐ **Other Program** ☐

Course Title: _____

Course No.: _____

Course Date: _____

Send registration to:

FCPTI/Victim Services

**Bureau of Criminal Justice Programs
Office of the Attorney General
PL-01, The Capitol
Tallahassee, FL 32399-1050
Tel: (850) 414-3360
Fax: (850) 413-0633**

For Office Use Only:

Entered: _____

Date: _____