SAFE: Basic Orientation Advocacy Training

Our Story - Our Voices - Our Healing

Date & Time: Monday, Sept 26th - Friday, Sept 30th, 9:00 am - 4:30 pm **Location:** Togiak, Alaska

Registration

Name:				-
Phone:				
Address:				
Email:				-
Are you taking this training for a (1) UAF Credit?				N
<u>Air Travel:</u> Do you need SAFE to ar	range yo	ur flight	s? Y	N
Airlines:	_ Mileag	ge #		
Airlines Phone:				
Travel Date Arrival:	_ Departı	ıre:		_
Lodging: All bedrooms are shared a	ccomoda	tions		
Will you need lodging?	Y	N		
Do you need special accomodations:?	Y	N		
How can we help?				_
Meals: Breakfast, lunch and dinner w	vill be pro	vided.		
Do you have any dietary restrictions/	allergies?	Y	N	
Please describe:				_
Is there anything else you would like	us to kno	w?		
Signed:			Date:	