



# Domestic Violence Advocacy Course

Sponsored by the Kansas Coalition Against Sexual and Domestic Violence (KCS DV)

For KCS DV MEMBER PROGRAM ADVOCATES and STAFF

This training consists of 2 parts. Part 1 must be completed before attending part 2.

Part 1: 8 Online Modules - each consists of a one-hour webinar, additional readings and a post-test.

Part 2: In-person, 3 day training, 8 hours each day.

Certificates of attendance will be provided to each attendee. Participants will be responsible for submitting the documentation necessary for any continuing education credit that may be available for the content of this course.

## Part 1 - Online Training Modules

Modules with post-tests and materials available at: [www.kcsdv.org/programs/dvac.html](http://www.kcsdv.org/programs/dvac.html)

## Part 2 - In-Person Training

### Date and Location:

September 27-29, 2010

8:30 a.m. - 4:30 p.m.

Registration begins at 8:00 a.m.

Ramada Convention Center

420 Southeast 6th Avenue

Topeka, KS 66607

(785) 234-5400

Fax: 785-233-0460

E-mail: [info@topekaramada.com](mailto:info@topekaramada.com)

### Lodging:

Reserve your room by Sunday, Sept. 19 and reference group code 9862 to receive the block rate of \$75.

### Faculty:

KCS DV Staff

### Registration:

Registration Fee: \$50.00

Registration deadline is Sept. 21, 2010

Training materials and snacks provided.

No-shows and cancellations made less than 72 hours before the event will be assessed the registration fee.

### To Register:

Register online at [www.kcsdv.org/dvacform.html](http://www.kcsdv.org/dvacform.html) or fax or mail the registration form below to:

KCS DV, Attn: Training Coordinator

634 SW Harrison, Topeka, KS, 66603

FAX: 785-266-1874

### Questions:

Wendy Nettleingham

KCS DV Training Coordinator

785-232-9784 ext. 336

[wnettleingham@kcsdv.org](mailto:wnettleingham@kcsdv.org)

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## Domestic Violence Advocacy Course - September 27-29, 2010 - Topeka

If enclosing a check or money order, please make payable to KCS DV.

Name .....

(One registration form per person. Please make copies)

Program .....

Job Title .....

Phone Number ..... E-mail .....

Mailing Address: Street ..... City ..... State ..... Zip .....

Payment:  I have enclosed a check or money order in the amount of \$ \_\_\_\_\_ .  I will pay at training.

Please specify any needs: .....

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