

## ■ Register Today!

To register for *Loving Through Trauma: A Day of Connection and Healing for Lovers*, please complete the following registration form and return it with full payment to the address below.

### First Registrant

Name: \_\_\_\_\_  
 Organization (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website (if applicable): \_\_\_\_\_  
 Name on name tag: \_\_\_\_\_  
 Pronoun preference: \_\_ he \_\_ she \_\_ ze \_\_other\_\_

### Second Registrant (Partner, Friend, Survivor, Ally)

Name: \_\_\_\_\_  
 Organization (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website (if applicable): \_\_\_\_\_  
 Name on name tag: \_\_\_\_\_  
 Pronoun preference: \_\_ he \_\_ she \_\_ ze \_\_other\_\_

### Additional Partner, Friend, Survivor or Ally

Name(s): \_\_\_\_\_  
 Name on name tag: \_\_\_\_\_  
 Pronoun preference: \_\_ he \_\_ she \_\_ ze \_\_other\_\_

**Register before September 8, 2008 to save your place!**

# Loving Through Trauma

## Registration Form

Saturday, September 27, 2008 — 9:00 - 5:30pm

### ■ Sign us up!

	Amount	Total
<input type="checkbox"/> Two-person registration	\$120	
<input type="checkbox"/> Additional partner(s)/friend(s)/ally(ies) # of people _____	\$60 per person	
<input type="checkbox"/> One-person registration	\$60	
<input type="checkbox"/> I'd like a "Loving Through Trauma" T-shirt (indicate the number of shirts and sizes below) Size __S __M __L __XL __XXL __3X __4X	\$20	
<input type="checkbox"/> I'd like to contribute to the scholarship fund to allow more individuals to attend	\$_____	
	<b>TOTAL</b>	

I need scholarship assistance

*Please contact us prior to July 1, 2008 to request a partial or full scholarship. Scholarships are limited & participants are encouraged to apply early. 414.559.2123. info@forge-forward.org*

### ■ Payment Options

- My check or money order is enclosed (made payable to FORGE)  
 Please charge my credit card

VISA / MasterCard #: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ 3 digit number on back of card: \_\_\_\_\_  
 Cardholder name: \_\_\_\_\_  
 Cardholder signature: \_\_\_\_\_

Billing address (if different than first registrant's address)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Please send completed registration form with payment to:  
 FORGE | PO Box 1272 | Milwaukee, WI 53201  
 Questions? 414-559-2123. info@forge-forward.org  
[www.forge-forward.org/transviolence](http://www.forge-forward.org/transviolence)