



Westchester Graduate Campus

Child Abuse Prevention Workshop Application

Name: _____

Address: _____

City: _____ State: _____ Zip _____

ID# _____ Email _____

Fee - \$30.00__Cash or Check# _____ Date _____

If paying by check please make payable to Long Island University. Sorry, no credit cards.

Violence Prevention Workshop Application

Name: _____

Address: _____

City: _____ State: _____ Zip _____

ID# _____ Email _____

Fee - \$30.00__Cash or Check# _____ Date _____

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