**Healing, Resiliency and Hope:**

**A Theory to Practice Trauma Treatment Training**

**Attendance Scholarship**

Select one:

If organization or agency, please specify:

Name:

Email:

Phone:

How do you anticipate the information gained at this training will be helpful to you and/or your community?

*Please return form by emailing to* [*Lyla.Damopoulos@dodd.ohio.gov*](mailto:Lyla.Damopoulos@dodd.ohio.gov) or

*Send to Lyla at: DODD*

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