VCCO Training Request Form

Training Location:		Training Date & Time:					
Contact Person:		Organization:					
Phone Number:		Fax Number:					
Email Address:		,					
Training Address:		Is there parking available? Explain type :					
City:							
Requested by:		Phone number:					
How many attendees do you expect?							
Please circle the type of room set up?	O Projector for Power Point Presentation						
	O Computer/Lap	otop Other [
Do you have WIFI or Internet?	○ YES	○ NO					
What type of attendees will be attending?	O Staff	O Cou	O Counselors O Law Enforcement			ent	
	O Intake	○ Med	Medical Other []
Please list topics you would like to be addres	ssed in your training:						
MATERIAL REQUESTED							
Application Request:	O English	O 1	O 5	O 10	O 25	O 50	O 100
	O Spanish	O 1	O 5	O 10	O 25	O 50	O 100
Brochure Request:	O English	O 1	O 5	O 10	O 25	O 50	O 100
	O Spanish	O 1	O 5	O 10	O 25	O 50	O 100

Fax to 973-648-3937. Mail to VCCO, 50 Park Place, 5th Floor, Newark, NJ 07102 Or submit your request using our online request form at www.njvictims.org

New Jersey Office of the Attorney General
VICTIMS OF CRIME COMPENSATION OFFICE

