



*Christian Trafficking
Shelter Association*

Registration Form

Name: _____

Address: _____

Phone Number: _____

Email: _____

Occupation/Name of Organization: _____

Title: _____

Names of additional Registrants under your company/organization:

_____ Title: _____

_____ Title: _____

_____ Title: _____

_____ Title: _____

Is your organization a registered 501c3? yes no

Are you currently a member of The CTSA? yes no

If Not would you like more information about the CTSA? yes no

Current status of involvement:

- Interested in the issue of human trafficking
- Interested in opening a restoration shelter for rescued victims
- In the process of opening a shelter
- Are presently a fully functional restoration program

Personal Area of Expertise:

- Advocacy
- Legislative
- Demand
- Prevention
- Victims services
- Education
- Other: _____

Please Note what workshops you plan to attend:

Breakout session I: Workshop 1 2

Breakout session II: Workshop 3 4

**Please include the registration fee of \$75.00 Per registrant

Make checks payable to : The Home Foundation Inc.