

Rehab Train Institute

Registration Form

Session 1 – March 26, 27, 28

Session 2 – April 16, 17, 18

Session 3 – May 7, 8, 9



Name of Organization: _____

Address/Location: _____

City/State/Zip: _____

Phone Number(s): _____

Where staff or board members can be reached

Name(s) of participating staff: _____

Email(s): _____

Please provide email addresses of all those attending

Status of Organization (Circle): CHDO | CDC | For-Profit Developer | Non-profit Developer

Names of neighborhoods your organization has worked in the past two years:

How many years experience does your organization have in rehabilitation of vacant single family homes? _____

How many units of vacant single family homes have you rehabbed in the last 2 years?

How did you hear about Rehab Train Institute? _____

What previous rehab housing training have you had? _____

Please enclose your \$20 registration fee, made payable to "Center For Neighborhoods".

Questions? Contact Mary Mayrose, Program Director. 502-589-0343

Thank you and we'll see you in March!

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Center For Neighborhoods

