

Michigan Human Trafficking Task Force

Application Form

Human Trafficking: Train the Trainer Workshop

April 24, 2024 and April 25, 2025

(Please print)

NAME: _____

Title: _____

Agency _____

Address _____

Phone # to be reached: _____

Email Address: _____

Experience in teaching/training (if any) _____

Expectations of audience you will be presenting to _____

State any experience in anti-human trafficking efforts _____

By signing below, I understand that this training is HT: Sexual and Labor Exploitation

Email this form to Carol Tryles trylesc@oakgov.com

Acceptance letter into the training will be mailed to applicants after 4/19/2024

Signature (or typed, electronic accepted) _____ Date _____