

Organizations

If your organization deals with topics related to psychological trauma, PTSD, childhood abuse, or dissociative experiences Sidran Institute would like to list it in our resource database. To be included in the Organization Directory, please complete and submit the questionnaire below. There is no charge for inclusion.

If you do not have a forms-capable browser, please e-mail us at databasesubmission@sidran.org or print out a PDF version, fill it out (please circle yes or no answers), and fax it to us at 410-337-0747. Otherwise, please fill out the form online and submit it to us.

(*) = required field

Organization

* Organization Name:

* Contact person:

Title:

* Street address:

* City :

* State/Province :

* Zip/Postal Code :

* Country :

* E-mail address :

* Phone :

* Fax :

Type of Organization

* Please describe the nature or focus of your organization (professional, survivor support, family support, information, political, etc.) :

* Is this a membership organization? : Yes No

* Please list preferred keywords for searching :

Membership Criteria

* Please list any requirements for membership or participation in program activities :

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Membership Benefits

* Please list and describe any membership benefits (such as subscriptions to publications, discounts on products, attendance at conferences, etc.) :

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Purpose

* Describe briefly the main purpose of your organization :

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Services and Activities

* Please list and describe the services and program activities your organization offers :

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If a membership organization, are any of the above available to non-members? : Yes No

If yes, please describe :

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Geographic Scope

Is the organization :

Local? : Yes No

If Yes, please give the geographical area:

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National? : Yes No

If Yes, what country? :

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International? : Yes No

If Yes, what is the scope? :


