



Sidran Institute

TRAUMATIC STRESS EDUCATION & ADVOCACY

Organizations Form for Sidran Resource Database

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. Please mail completed form to 7220 Muncaster Mill Rd Suite 376 Derwood, MD 20855, or fax the form to us at 410-825-8888, or email to help@sidran.org. Thank You.

Contact Information: (* required information)

*Organization Name: _____

*Contact Person: _____

Title: _____

Website: _____

*Address: _____

*City: _____ *State: _____

*Zip Code: _____ *Country: _____

*Phone Number: _____ Extension: _____

Fax Number: _____

*Email: _____

*Have you previously submitted your information? Yes ___ No ___

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:

Membership Benefits:

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

Purpose:

*Describe briefly the main purpose of your organization:

Services and Activities:

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

If a membership organization, are any of the above available to non-members?: Yes_____ No_____

If yes, please describe:

Geographic Scope:

Is the organization ... Local _____ National _____ International _____

What area/country/scope? _____

If your organization has one or more publications, please provide us with information in the publications form.