



Merging Services in the Right Direction

Children Exposed to Violence Annual Conference

This form is required for each participant attending. Please make copies for multiple registrations.

Registration Fee: \$100.00
Registration Deadline: March 1, 2010

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Sessions: Please check the appropriate boxes for the sessions you plan to attend (2 Choices):

	AM Session	PM Session
Carol Redding	<input type="checkbox"/>	<input type="checkbox"/>
Steve G. Kopp, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>
Anthony D. Rodriguez	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION

- Display/Vendor Table **(One free table per agency with paid registration)**
- Check box for Approval for CEUs (Additional \$10 payment due at conference)

MAIL: Complete the registration form and mail with payment to: **The Child Abuse Council, 400 16th Street, Rock Island, Illinois, 61201. ATTN: CETV Conference**

Check enclosed Credit Card: Visa MasterCard Discover

Card # _____

Exp. Date _____ CID # _____

Name on Card _____

Phone _____

Signature _____

