

2010 CONFERENCE REGISTRATION FORM

REGISTER ONLINE: WWW.CHADWICKCENTER.ORG, CONFERENCE

Tuition includes entry to all conference sessions, a conference manual, CD-ROM, daily continental breakfast, networking receptions and Certificate of Attendance. **Tuition does not** include registration for any Preconference Institute. Sessions are filled on a first-come, first-served basis.

DISCIPLINE (Indicate One)

- | | | | | |
|--------------------------------------------------|----------------------------------------------|------------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> CHILD WELFARE | <input type="checkbox"/> LAW | <input type="checkbox"/> NURSING | <input type="checkbox"/> RESEARCH |
| <input type="checkbox"/> ADVOCATE / HOME VISITOR | <input type="checkbox"/> CERTIFIED COUNSELOR | <input type="checkbox"/> LAW ENFORCEMENT | <input type="checkbox"/> PHYSICIAN | <input type="checkbox"/> STUDENT/INTERN |
| <input type="checkbox"/> CLERGY / MINISTRY | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> PSYCHOLOGIST | <input type="checkbox"/> TRAUMA TREATMENT |
| <input type="checkbox"/> OTHER _____ | | | | |

PLEASE PRINT OR TYPE LEGIBLY AND COMPLETE ALL SECTIONS OF THIS FORM. Email, Phone, and Fax are required.

NAME _____ DEGREE/LICENSE # _____
 EMPLOYER _____
 ADDRESS _____
 CITY _____ STATE/PROVINCE/COUNTRY _____ ZIP _____
 E-MAIL _____ DAY PHONE _____ FAX _____

RATES		BEFORE 12-1-09	AFTER 12-1-09	TOTAL EACH LINE
A	INDIVIDUAL RATE	\$445	\$495	
B	GROUP RATE: Group Affiliation _____ 5 or more from the same program, rate is per person. Provide reg. form for each attendee and a group list.	\$395	\$450	
C	STUDENT/INTERN / RESIDENT (with letter from program or current valid student ID) INTERNATIONAL ATTENDEE (resident of a foreign country with passport), RESEARCH PAPER PRESENTERS, ADD'L WORKSHOP SPEAKERS, PRECONFERENCE SPEAKERS (who are not conference faculty), U.S. MILITARY PERSONNEL	\$350	\$350	
D	DAILY RATE: Indicate DAY(S) attending: MON TUES WED THUR	\$125	\$125	
E	PURCHASE ORDER PROCESSING FEE		\$10	
F	CONTINUING EDUCATION UNITS (CEUs)/CONTINUING MEDICAL EDUCATION (CMEs) & CERTIFICATE All inclusive for San Diego Conference, Pre/Postconference Institutes		\$40	
G	CEUs/CMEs for Pre/Postconferences only		\$25	
H	1-Week Certificate Course: CHILD ABUSE INVESTIGATIONS – Mon., Jan. 25 – Fri., Jan. 29 Sponsored by OJJDP, FVTC • Register by December 1, 2009 • Limit 50		\$350	
I	PRECONFERENCE: MINI PEDIATRIC SAFE TRAINING • Sun., Jan. 24 • Sponsored by CCFMTC Register by January 15, 2010		\$75	
J	PRECONFERENCE: CHILD ABUSE 101 • Sun., Jan. 24 • Sponsored by California Chapter of APSAC		\$125	
K	PRECONFERENCE: FUNDAMENTALS OF DEVELOPING A CHILDREN'S ADVOCACY CENTER Mon., Jan. 25 • Sponsored by NCA		\$75	
L	PRECONFERENCE: A TRAUMA WORKSHOP FOR RESOURCE PARENTS: AN INTRODUCTION FOR TRAINERS • Mon., Jan. 25 • Sponsored by NCTSN		\$75	
M	POSTCONFERENCE: TRAUMA THROUGH THE EYES OF INFANTS AND YOUNG CHILDREN Fri., Jan. 29 • Sponsored in part by CCYF		\$75	
N	Children's Hospitals Networking Breakfast • Wed., Jan. 27 • Sponsored by NACHRI		\$5	
O	WELCOME LUNCHEON – Tues., Jan. 26		\$40	
P	WILLIAM FRIEDRICH MEMORIAL LECTURE & LUNCHEON – Wed., Jan. 27		\$40	
TOTAL DUE				\$

FOR PRECONFERENCES NOT LISTED ABOVE, REGISTER DIRECTLY WITH THE ORGANIZATION.

METHODS OF PAYMENT All payments must be in US \$, drawn on a U.S. bank and received prior to the conference.

- Check:** Make payable to **CHADWICK CENTER FOR CHILDREN AND FAMILIES** Federal Tax ID# 95-1691313
- Purchase Order, Invoice or Voucher:** PO Number _____
Registrations without a PO number will not be processed; a \$10 processing fee is required – check box "E" under "FEES" above.
- Credit Card: Charge US \$ _____ to the following card:** VISA Mastercard

CARD NUMBER _____ 3-DIGIT SECURITY CODE _____ EXPIRATION DATE _____ (MM/YY)
 CARDHOLDER'S NAME _____
 SIGNATURE _____ DATE _____

CANCELLATION POLICY Registration cancellations must be made in writing. Cancellation requests postmarked on or before Dec. 31, 2009 will be refunded in full, less a \$50 administrative fee. Cancellation requests postmarked between Jan. 1 and Jan. 15, 2010 will be refunded 50% of the registration fee. Refunds will NOT be made for cancellations postmarked after Jan. 15, 2010, or, for participants who register but do not attend. Transfer of registration fees to another person may be done without penalty upon notification to the Registration Coordinator. Refunds for cancelled registrations will be issued after the conference. Participants may expect to receive their refunds within six to eight weeks from the last day of the conference.

CONFIRMATION LETTERS will be sent to individuals registered by Jan. 5, 2010. If receipts are needed, they may be obtained after 2 PM, Wednesday, Jan. 27th, at the Onsite Registration Desk.

REGISTER ONLINE: www.chadwickcenter.org

FAX FORM TO: (858) 966-8018 or (858) 966-7434

MAIL TO: Conference Registration • Chadwick Center for Children and Families

Rady Children's Hospital-San Diego • 3020 Children's Way, MC 5017 • San Diego, CA 92123-4282

**QUESTIONS: Contact: sdconference@rchsd.org
Telephone: (858) 966-4972**