

KIDS ARE WORTH IT!® 2012

Registration Form

Please print carefully or type:

Name: _____ Title: _____

Agency: _____

Address: _____

Suite/Apt.No: _____ City/State/Zip: _____

E-Mail: _____ Phone: _____ Fax: _____

step 1: registration selection

Please choose your conference registration:

	Early Due: January 16, 2012	Regular Due: January 31, 2012 (or on-site)
Full Conference Registration	\$270 check here: _____	\$300 check here: _____
Two Day Only Registration	\$245 check here: _____	\$275 check here: _____
One Day Only Registration	\$125 check here: _____	\$155 check here: _____
Full Time Student (must show ID)	\$60 check here: _____	\$60 check here: _____

step 2: luncheon attendance

To ensure an accurate head-count for catering purposes, indicate whether or not you plan to attend the closing luncheon. (CEUs applied for)

_____ **Champions for Children Awards Luncheon** *Keynote: Howard Hanger*

step 3: CEU Category

Please check all that apply:

- _____ **Social Work**
- _____ **Child Care**
- _____ **Addictive Disorders**
- _____ **LPC**
- _____ **Attorney**
- _____ **General**

step 4:

T-shirts by LA Artist Hannah Lane may be available. To ensure there will be t-shirts for all, let us know what quantity/size of shirts you anticipate purchasing.*

- _____ **Small**
- _____ **Medium**
- _____ **Large**
- _____ **X-Large**

*Note: This is not an order form, t-shirts will be available for purchase at the conference on a first-come, first-served basis.

step 5: workshop selections

Please indicate your workshop preference by checking a box in each session below:

Breakout Session	I	II	III			
Extended Conference Offerings: Mon., Feb 6th						
Session A: Tuesday, Feb. 7 10:30 a.m.	1	2	3	4	5	
Session B: Tuesday, Feb. 7 1:30 p.m.	6	7	8	9	10	11
Session C: Tuesday, Feb. 7 3:30 p.m.	12	13	14	15	16	17
Session D: Wednesday, Feb. 8 8:30 a.m.	18	19	20	21	22	23
Session E: Wednesday, Feb. 8 10:30 a.m.	24	25	26	27	28	29

step 6: payment information

Make checks payable to **Prevent Child Abuse Louisiana.**

_____ Cash _____ Check _____ My employer will send a check

_____ Credit Card Name on Card: _____

Card Type: _____ Visa _____ AMEX _____ MasterCard _____ Discover

Credit Card #: _____ Exp. Date: _____

Billing Zip Code: _____ Amount to be Charged: \$ _____

For Office Use Only (101)

Pymnt Rec: _____

Date: _____

Check #: _____

Submit