

# Eastern Conference on Child Sexual Abuse

## 2009 Registration Form

## Program #1502

This form may be duplicated. One person per registration form please.

Enter UW# code from the address panel. UW# \_\_\_\_\_

**March 25 — Pre-Conference Advanced Training Institutes**

**March 26-27 — Eastern Conference on Child Sexual Abuse**

**Registration Fee:** Please mark the appropriate box.

I have already phoned/ faxed my registration and am sending this copy along with my payment.

	Reg Fee	Student*	Group **
<b>March 25, Wednesday</b>			
<b>Pre-Conference Advanced Training Institutes</b> <input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135	
Institutes 1-4			
<b>March 26-27, Thursday-Friday</b>			
<b>Eastern Conference</b> <input type="checkbox"/> \$300	<input type="checkbox"/> \$235	<input type="checkbox"/> \$270	
<b>March 26, Thursday</b>			
<b>Eastern Conference</b> <input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135	
Plenary Session and Workshops 5-16			
<b>March 27, Friday</b>			
<b>Eastern Conference</b> <input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135	
Workshops 17-35			

**Total Conference Fees Above** \_\_\_\_\_

*After Feb.27, add \$50 to conference fee total.* \_\_\_\_\_

**Total Payment Due** \_\_\_\_\_

\* **Student:** Full-time students are eligible for reduced rates. Enclose a copy of your validated student ID with your registration form.

\*\* **Groups:** Agencies sending 5 or more employees may take advantage of the reduced per person group-registration fee. **To receive the group discount all forms must be mailed in the same envelope, all faxed together, or all telephoned in at the same time. No exceptions.**

Name \_\_\_\_\_ W-65

Agency \_\_\_\_\_

Billing Address \_\_\_\_\_

street

city / state / zip

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

area code

daytime number / evening number

E-mail \_\_\_\_\_

*May be used to contact you about registration and also for future marketing*

Enclosed is my check/money order, payable to **UW-Madison**.

Please bill the agency at the above address.


Please charge to the following account:


MasterCard  VISA  American Express


Card No. \_\_\_\_\_


Expires \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

 **Online:** [www.dcs.wisc.edu/pda/eastern/register.htm](http://www.dcs.wisc.edu/pda/eastern/register.htm)

 **Mail to:** UW-Extension Registrations  
Pyle Center  
Dept. 102, 702 Langdon St.  
Madison, WI 53706-1487

 **Call:** 800-725-9692 or 608-265-3261  
(TDD 608-265-2370)

 **Fax:** 800-741-7416 or 608-265-3163  
Phone or fax registrations must include payments by credit card or purchase order.

Please indicate your institute/workshop choices. If attending a two-part workshop, please be sure to indicate both parts in the corresponding time frames. **Keep a copy of the workshops you selected.**

Mar. 25 Institutes 1-4 Choice: \_\_\_\_\_

Mar. 26 1:15 Workshops 5-10 Choice: \_\_\_\_\_

Mar. 26 3:00 Workshops 11-16 Choice: \_\_\_\_\_

Mar. 27 9:00 Workshops 17-23 Choice: \_\_\_\_\_

Mar. 27 10:45 Workshops 24-30 Choice: \_\_\_\_\_

Mar. 27 1:30 Workshops 31-35 Choice: \_\_\_\_\_

This program is offered by UW-Madison in cooperation with UW-Extension. If you have a disability and desire accommodations, please advise us ahead of time. Requests are confidential. No Wisconsin tax dollars were used to print this publication. DCS-MAC#040-11/08