

Midwest Conference on Child Sexual Abuse

2009 Registration Form

Program #1501

This form may be duplicated. One person per registration form please.
Enter UW# code from the address panel. UW# _____

Midwest Conference on Child Sexual Abuse — October 19-20
Post-Conference Advanced Training Institutes — October 21-22
Registration Fee: Please mark the appropriate box.

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

	Reg Fee	Student*	Group **
October 19-20, Monday-Tuesday			
Midwest Conference (2 days)	<input type="checkbox"/> \$285	<input type="checkbox"/> \$235	<input type="checkbox"/> \$265
October 19, Monday			
Midwest Conference	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
October 20, Tuesday			
Midwest Conference	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
October 21, Wednesday			
Post Conf. Advanced Training Inst.	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
October 22, Thursday			
Post Conf. Advanced Training Inst.	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
Total Conference Fees Above	_____	_____	_____
After Sept.18 , 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 five 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.**

W-55

Name _____

Agency _____

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/midwest/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.

October 19-20 , Monday-Tuesday Conference Workshops

If attending the two-part workshop, please indicate both parts in corresponding time frames.

Oct. 19 1:15 Workshops 1-8 Choice: _____

Oct. 19 3:00 Workshops 9-16 Choice: _____

Oct. 20 1:15 Workshops 17-24 Choice: _____

Oct. 20 3:00 Workshops 25-32 Choice: _____

October 21-22, Wednesday-Thursday

Post-Conference Institutes

Oct. 21 Institutes 33-36 Choice: _____

Oct. 22 Institutes 37-40 Choice: _____