

# Midwest Conference on Child Sexual Abuse

## 2011 Registration Form

## Program #1501

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

Enter UW# code from address panel. UW#W65 \_\_\_\_\_

**Midwest Conference on Child Sexual Abuse Conference — Oct. 24-25**

**Post-Conference Advanced Training Institutes — Oct. 26-27**

**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>Monday–Tuesday, Oct. 24-25</b>			
Midwest Conference (2 days)	<input type="checkbox"/> \$285	<input type="checkbox"/> \$235	<input type="checkbox"/> \$265
<b>Monday, Oct. 24</b>			
Midwest Conference	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
<b>Tuesday, Oct. 25</b>			
Midwest Conference	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
<b>Wednesday, Oct. 26</b>			
Post Conf. Advanced Training Inst.	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
<b>Thursday, Oct. 27</b>			
Post Conf. Advanced Training Inst.	<input type="checkbox"/> \$155	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
<b>Total Conference Fees Above</b>	_____	_____	_____
<b>After Sept. 26</b> —add \$50 to conference fee total.	_____	_____	_____
<b>Total Payment Due</b>	_____	_____	_____

\* 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!**

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

street

city / state / zip

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

area code

daytime number / evening number

Email \_\_\_\_\_

*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. \_\_\_\_\_ Oct. 24, 10:30 Workshops 1-7 Choice: \_\_\_\_\_

Expires \_\_\_\_\_ Oct. 24, 1:15 Workshops 8-14 Choice: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Oct. 24, 3:00 Workshops 15-22 Choice: \_\_\_\_\_

**Online** \_\_\_\_\_ Oct. 25, 1:15 Workshops 23-30 Choice: \_\_\_\_\_

[www.dcs.wisc.edu/pda/midwest/register.htm](http://www.dcs.wisc.edu/pda/midwest/register.htm) Oct. 25, 3:00 Workshops 31-38 Choice: \_\_\_\_\_

**Call \***  
800-725-9692 or 608-265-3261 (Wisconsin Relay 711)

**Fax \***  
800-741-7416 or 608-265-3163

**Mail**  
Midwest Conference Registration  
Pyle Center, 702 Langdon St,  
Madison, WI 53706-1487

### Monday-Tuesday, Oct. 24-25 Conference Workshops

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

### Wednesday-Thursday, Oct. 26-27 Post-Conference Institutes

Oct. 26 Institutes 39-42 Choice: \_\_\_\_\_

Oct. 27 Institutes 43-46 Choice: \_\_\_\_\_

\* Phone or fax registrations must include payments by credit card or purchase order.