

Registration Form • 2009

MAY 5, 6, 7, & 8, 2009

PRINT / TYPE CLEARLY: 1 attendee per form

NAME (FOR NAME TAG): _____

TITLE: _____

AGENCY: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

BUS PHONE: _____
() _____

FAX: _____
() _____

E-MAIL: _____

DISCIPLINE:

- Law
- Law Enforcement
- Medical
- Nursing
- Parole/Probation
- Prevention/Education
- Protective Services
- Treatment
- Other:

MAIL TO:

Summit 2009 Registration
Clackamas County Sheriff's Office
2223 Kaen Road
Oregon City, OR 97045
Secure Fax 503.794.8037
(Faxed registrations MUST INCLUDE
CREDIT CARD or P.O. information)

ADDITIONAL INFORMATION:

Clackamas County Sheriff's Office
Attn: Julie Smith, Summit Coordinator
2223 Kaen Road
Oregon City, OR 97045
Phone 503.557.5827
Fax 503.655.8238
Email juliesmi@co.clackamas.or.us

www.childabusesummit.com

The Power of One in Collaboration with Others

REGISTRATION FEES: No Summit Registrations Accepted After Friday, 4/10/09

- Group Rate for a group of 5 or more registrations received together with payment PRIOR to 3/27/09 \$375/participant _____
- Early Registration post-marked by Friday, 2/27/09 \$395/participant _____
- Regular Registration post-marked 2/28/09-3/27/09 \$450/participant _____
- Late Registration post-marked 3/28/09-4/10/09 \$495/participant _____
- One-Day Registration • indicate which day
 Tuesday Wednesday Thursday Friday \$195/participant _____
- I will be attending the reception, Thursday May 7, 2009 no charge to conference attendee spouse or guest/\$15 each, # _____ = _____
- P.O. Fee [No P.O. Fee for Clackamas County Agencies] \$30 _____

TOTAL: _____

PAYMENT METHOD:

Check or authorization must accompany this completed registration form.
Registration will not be confirmed until receipt of payment.
No registrations accepted after Friday, April 10, 2009.

- Check (payable to Clackamas County Sheriff's Office, 2009 Summit)
- Purchase Order P.O. #: _____
- MasterCard Credit Card #: _____
- Visa Card Exp. Date: _____ 3 Digit Code: _____
- Scholarship Name On Card: _____
- Signature: _____

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1990, PLEASE INDICATE HERE IF YOU HAVE ANY SPECIAL NEEDS OR REQUIREMENTS:

TO ASSIST IN FOOD & ROOM PLANNING, PLEASE MARK THE SESSIONS YOU ARE MOST LIKELY TO ATTEND:

	TUESDAY May 5	WEDNESDAY May 6	THURSDAY May 7	FRIDAY May 8
KEYNOTE 8:30-10:00	Gwinn <input type="radio"/>	Anderson <input type="radio"/>	Wynn <input type="radio"/>	Zablocki <input type="radio"/>
10:15-12:15	1A 1B 1C 1D 1E 1F 1G ○○○○○○○	4A 4B 4C 4D 4E 4F 4G ○○○○○○○	7A 7B 7C 7D 7E 7F 7G ○○○○○○○	10A 10B 10C 10E ○○○○○
1:30-3:00	2A 2B 2C 2D 2E 2F 2G ○○○○○○○	5A 5B 5C 5D 5E 5F 5G ○○○○○○○	8A 8B 8C 8D 8E 8F 8G ○○○○○○○	
3:30-5:00	3A 3B 3C 3D 3E 3F 3G ○○○○○○○	6A 6B 6C 6D 6E 6F 6G ○○○○○○○	9A 9B 9C 9D 9F 9G ○○○○○ ○○	



For each of the past 10 years, **SAFEWAY Inc.** has been a steadfast supporter and corporate sponsor of the Child Abuse & Family Violence Summit. We acknowledge and offer our sincere thanks to **SAFEWAY** as a community partner. **SAFEWAY's** unwavering commitment to make a difference in the lives of children and families is to be commended. We are truly grateful for **SAFEWAY's** role in making the *Summit* a success.



Champions for Children

AWARD

You are invited to nominate an Oregon or Southwest Washington person, business, or community organization that symbolizes what you believe a

Champion for Children should be in the field of child abuse & family violence.

Recipients will be honored Thursday, May 7, 2009, 8:30am at the 10th Annual **Child Abuse & Family Violence Summit** Red Lion Hotel on the River Portland, Oregon

Submissions must be received by Friday, February 27, 2009.

Mail or email nominations, and direct questions to:

Champion for Children Nomination
Sergeant Jeff Smith
2223 Kaen Rd.
Oregon City, OR 97045
jeffsmi@co.clackamas.or.us

2008 CHAMPION FOR CHILDREN WINNERS:



Your Information

PLEASE PRINT OR TYPE

NAME: _____

AGENCY: _____

MAILING ADDRESS: _____

CITY: STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ EMAIL: _____
()

Nominee Information

INCLUDE A 1-PAGE TYPED NARRATIVE OF WORK

NAME: _____

AGENCY: _____

MAILING ADDRESS: _____

CITY: STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ EMAIL: _____
()

Award Category CHECK ONE

- Randy Nunnenkamp Award Professional** • Support and Front line staff from Law, Law Enforcement, Protective Service, Victim Advocate, Medical, Nursing, Treatment, Prevention, Education, Parole/Probation, EMS
- Manager/Supervisor Professional** • Someone who supports and ensures the resources for line staff in doing the difficult work.
- Community Volunteer**
- Business/ Community Organization**

SELECTING WINNERS:

We acknowledge there are hundreds of individuals who are worthy of recognition for the work they do for children and families in trying to end the cycle of abuse and family violence. We will be recognizing a total of four individuals from Oregon and SW Washington using the categories listed above.

NOTE: Please include a typed narrative explaining the nominee's work with Families & Children in Oregon and SW Washington.

VISIT:

www.childabusesummit.com to download the *Champions for Children* nomination form, extra copies of the *Child Abuse & Family Violence Summit* registration forms, and available Scholarship information.

MAIL REGISTRATION TO:

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Clackamas County Sheriff's Office
2223 Kaen Road
Oregon City, OR 97045

OR SECURELY FAX TO:

503.794.8037
(Faxed registrations must include credit card or purchase order information)

11th Annual Child Abuse & Family Violence Summit



SAVE THE DATE!

April 27-30, 2010
Join us in Portland
at the Red Lion Hotel
on the River



Scholarships

Each year the Child Abuse & Family Violence Summit Coordinators partner with community agencies to provide scholarship opportunities for professionals to attend the conference. For this year's list of scholarships, please visit our website

www.childabusesummit.com

ALL SCHOLARSHIP APPLICATIONS DUE BY
FEBRUARY 20, 2009

