

**2009 Child Abuse and Family Violence Summit
Replacement Registration Form**

Name Registered: _____

Title: _____

Agency: _____

Registration Fee: \$ _____

Payment Method:

- Check Purchase Order Credit Card

New Registrants Name: _____

Title: _____

Agency: _____

- Discipline Law Law Enforcement Medical Nursing Parole/Probation
 Prevention/Education Protection Services Treatment Other

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Authorized Signatures:

New Registrant/Replacement

Supervisor or Program Manager

To assist in food and room planning,

Please mark the sessions the new registrant is most likely to attend:

	Tuesday May 5, 2009	Wednesday May 6, 2009	Thursday May 7, 2009	Friday May 8, 2009
Keynote	Gwinn	Anderson	Wynn	Zablocki
8:30-10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 10G
10:15-12:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2A 2B 2C 2D 2E 2F 2G 5A 5B 5C 5D 5E 5F 5G 8A 8B 8C 8D 8E 8F 8G			
1:30-3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3A 3B 3C 3D 3E 3F 3G 6A 6B 6C 6D 6E 6F 6G 9A 9B 9C 9D 9F 9G			
3:30-5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Please note that hotel accommodation changes are the responsibility of the attendee.

If on or before April 10th, please mail or fax to (if after April 10th, please fax only):

**Summit 2009 Registration
Clackamas County Sheriffs Office
Attn: Sherry Averett, Registration Coordinator
12700 SE 82nd Avenue
Clackamas, OR 97015**

**Clackamas County Sheriffs Office
Attn: Sherry Averett, Registration Coordinator
Fax Number: 503-794-8037
Phone Number: 503-794-8039
Email: sherryave@co.clackamas.or.us**