

2012 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 circle the sessions the new registrant is most like to attend:

Date/Time	Tuesday, April 24, 2012	Wednesday, April 25, 2012	Thursday, April 26, 2012	Friday, April 27, 2012
8 :30 – 10 :00 a.m.	Ed Smart—Keynote	Robin Rose—Keynote	Betty Swinners—Keynote	Jake French—Keynote
10 :15 a.m. – 12 :15 p.m.	1A 1B 1C 1D 1E 1F 1G 1CL 1IL	4A 4B 4C 4D 4E 4F 4G 4CL 4IL	7A 7B 7C 7D 7E 7F 7G 7CL 7IL	10A 10B 10C 10E 10F
1 :30 – 3 :00 p.m.	2A 2B 2C 2D 2E 2F 2G 2CL 2IL	5A 5B 5C 5D 5E 5F 5G 5CL 5IL	8A 8B 8C 8D 8E 8F 8G 8CL 8IL	
3 :30 – 5 :00 p.m.	3A 3B 3C 3D 3E 3F 3G 3CL 3IL	6A 6B 6C 6D 6E 6F 6G 6CL 6IL	9A 9B 9C 9D 9E 9F 9G 9CL 9IL	

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

If on or before April 13, 2012, please mail or fax to (if after April 13, 2012, please fax only):

Clackamas County Sheriffs Office

Summit 2012 Registration

Attn: Sherry Averett, Registration Coordinator

9101 SE Sunnybrook

Clackamas, OR 97015

Fax Number: 503-785-5027

Email: sherryave@co.clackamas.or.us