

APRIL 11, 12, 13 & 14, 2017

PRINT / TYPE CLEARLY: 1 attendee per form

NAME (FOR NAME TAG):

TITLE:

AGENCY:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

BUSINESS PHONE:

()

FAX:

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E-MAIL:

DISCIPLINE:

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

MAIL TO:

Summit 2017 Registration
Clackamas County Sheriff's Office
2223 Kaen Rd.
Oregon City, OR 97045
Secure Fax 503.794.8068
(Faxed registrations MUST INCLUDE
CREDIT CARD or P.O. information)

ADDITIONAL INFORMATION:

Clackamas County Sheriff's Office
Attn: Julie Collinson, Summit Coordinator
2223 Kaen Rd.
Oregon City, OR 97045
Phone 503.557.5827
Fax 503.794.8068
Email jcollinson@clackamas.us

www.ChildAbuseSummit.com

The Power of One in Collaboration with Others

REGISTRATION FEES: No Summit Registrations Accepted After Friday, 4/7/17

- Group Rate for a group of 5 or more registrations received together with payment PRIOR to 3/24/17 \$395/participant _____
- Early Registration postmarked (or register online) by Friday, 3/24/17 \$415/participant _____
- Regular Registration postmarked (or register online) 3/25/17 to 4/7/17 \$465/participant _____
- One-Day Registration • indicate which day
 Tuesday Wednesday Thursday Friday
 postmarked (or register online) by 4/7/17 \$220/participant _____
- Purchase Order [P.O.] Fee
 [If you are paying by purchase order, this fee applies;
 no P.O. fee for Clackamas County agencies] \$15 _____

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 11:59 p.m. on Friday, April 7, 2017.

- Check (payable to Clackamas County Sheriff's Office, 2016 Summit)
- Purchase Order P.O. #: _____
- MasterCard Credit Card #: _____
- Visa Card Exp. Date: _____ 3-Digit Code: _____
- Scholarship Applicant 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 April 11	WEDNESDAY April 12	THURSDAY April 13	FRIDAY April 14
KEYNOTE 8:30-10:00	Wetterling <input type="radio"/>	Bucholtz <input type="radio"/>	TBA <input type="radio"/>	TBA <input type="radio"/>
10:15-12:15	1A 1B 1C 1D 1E 1F 1G 1H 1J 1K 1L 1M	4A 4B 4C 4D 4E 4F 4G 4H 4J 4K 4L	7A 7B 7C 7D 7E 7F 7G 7H 7J 7K 7L	10A 10B 10C 10D 10E 10F 10G 10H
1:30-3:00	2A 2B 2C 2D 2E 2F 2G 2H 2J 2K 2L	5A 5B 5C 5D 5E 5F 5G 5H 5J 5K 5L	8A 8B 8C 8D 8E 8F 8G 8H 8J 8K 8L	
3:30-5:00	3A 3B 3C 3D 3E 3F 3G 3H 3J 3K 3L	6A 6B 6C 6D 6E 6F 6G 6H 6J 6K 6L	9A 9B 9C 9D 9E 9F 9G 9H 9J 9K 9L	