REPLACEMENT Registration Form • 2017

www.ChildAbuseSummit.com

APRIL 11, 12, 13 & 14, 2017

PRINT / TYPE CLEARLY: 1 attendee per form

NEW REGISTRANT INFO

NAME (FOR NAME TAG):

TITLE:

AGENCY:

MAILING ADDRESS:

CITY:

STATE: ZIP CODE:

BUSINESS PHONE: ( )

FAX: ( )

E-MAIL:

OLD REGISTRANT INFO

NAME (FOR NAME TAG):

TITLE:

AGENCY:

MAILING ADDRESS:

CITY:

STATE: ZIP CODE:

BUSINESS PHONE: ( )

FAX: ( )

E-MAIL:

Must be received by Friday, 4/7/17

MAIL TO:

Summit 2016 Registration
Clackamas County Sheriff's Office
2223 Kaen Rd.
Oregon City, OR 97045
Secure Fax 503.794.8068
or email jcollinson@clackamas.us

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 — $220/participant _____

DISCIPLINE:

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

AUTHORIZED SIGNATURES:

New Registrant: _____

Supervisor or Program Manager: _____

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 ○	Bucholtz ○	TBA ○	TBA ○
	1A 1B 1C 1D 1E 1F 1G 1H 1J 1CL 1IL	4A 4B 4C 4D 4E 4F 4G 4H 4J 4CL 4IL	7A 7B 7C 7D 7E 7F 7G 7H 7J 7CL 7IL	10A 10B 10C 10D 10E 10F 10G 10H
10:15-12:15	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○
	2A 2B 2C 2D 2E 2F 2G 2H 2J 2CL 2IL	5A 5B 5C 5D 5E 5F 5G 5H 5J 5CL 5IL	8A 8B 8C 8D 8E 8F 8G 8H 8J 8CL 8IL	
1:30-3:00	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
	3A 3B 3C 3D 3E 3F 3G 3H 3J 3CL 3IL	6A 6B 6C 6D 6E 6F 6G 6H 6J 6CL 6IL	9A 9B 9C 9D 9E 9F 9G 9H 9J 9CL 9IL	
3:30-5:00	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	

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

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