

# Registration Form

Please use a separate form for each person. Please print or type. Online registration at <http://www.preventchildabuseny.org/conf10/registration.shtml>

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Program \_\_\_\_\_ Agency \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please check all days you will be attending the conference: Monday Tuesday Wednesday

REGISTRATION TYPE	3 DAYS	2 DAYS	1 DAY
Regular registration	<input type="checkbox"/> \$350	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150
Discounted Rate*	<input type="checkbox"/> \$335	<input type="checkbox"/> \$290	<input type="checkbox"/> \$145
Group Rate**	<input type="checkbox"/> \$325	<input type="checkbox"/> \$280	<input type="checkbox"/> \$140
Prevention Network Rate***	<input type="checkbox"/> \$315	<input type="checkbox"/> \$270	<input type="checkbox"/> \$135

\* Discount for registrations **received and PAID** (by check or credit card) by **March 5, 2010**

\*\* Group rate applies for groups of four or more staff of an agency/organization

\*\*\* For current members of PCANY's Prevention Network. For information about joining the Prevention Network please visit:  
[www.preventchildabuseny.org/partnerorgs.shtml](http://www.preventchildabuseny.org/partnerorgs.shtml)

**REGISTRATION FORM WITH PAYMENT OR PURCHASE ORDER MUST BE RECEIVED BY APRIL 2, 2010. REGISTRATIONS RECEIVED AFTER THAT DATE WILL BE CHARGED AN ADDITIONAL \$50.**

TOTAL DUE \_\_\_\_\_ Payment method: Check Charge Purchase order

Check # \_\_\_\_\_ Purchase order or voucher # \_\_\_\_\_

Mastercard Visa Name on card \_\_\_\_\_ Credit card # \_\_\_\_\_

Exp. date \_\_\_\_\_ Signature \_\_\_\_\_

Check here if you do not want your name on the participants' list distributed at the conference.

Special needs: Communication Mobility Other

Meals: Kosher Diabetic Vegetarian

## WORKSHOP SELECTIONS

Please select only one for each session

Monday, Session A

A1 A2 A3 A4 A5 A6 A7 A8

Monday, Session B

B1 B2 B3 B4 B5 B6 B7 B8

Tuesday, Session C

C1 C2 C3 C4 C5 C6 C7 C8

Tuesday, Session D

D1 D2 D3 D4 D5 D6 D7 D8

Wednesday, Session E

E1 E2 E3 E4 E5 E6 E7 E8

Wednesday, Session F

F1 F2 F3 F4 F5 F6

Check here to register for yoga Monday at 5 pm.

Check here to register for yoga Tuesday at 4 pm.

Check here to register for *Consuming Kids: The Commercialization of Childhood* film screening and discussion with Anthony Zenkus, Tuesday at 6:30pm.

## SEND REGISTRATION AND PAYMENT

Annual Conference  
Prevent Child Abuse New York  
33 Elk Street, 2nd Floor, Albany, NY 12207

Fax: 518-436-5889 | Inquiries: 518-445-1273

Pay by check, purchase order, or credit card. Payment or copy of purchase order must be received to be registered. Make checks payable to Prevent Child Abuse New York. If submitting a purchase order, please include a copy.

## CANCELLATIONS

Refunds minus a \$50 per person processing fee will be issued ONLY for written cancellations postmarked by April 2, 2010. *No-shows will be billed—no exceptions.*

## REGISTRATION FEES

Registration fees include attendance at all events, conference materials, Monday luncheon, Tuesday breakfast, luncheon, and Wednesday breakfast, luncheon. **Registration fees do not include hotel room** (see page 2 for hotel information).

## DISCOUNT

Registrations received and paid by check or credit card before March 5, 2010 may use the discounted fee. Only one discount per registrant. If you are taking the early registration discount, you are not also eligible for the Partner discount.