



REGISTRATION FORM for Members & Department of Human Services

Building Brighter Visions

27th Annual Conference of the Coalition For Family and Children's Services in Iowa
Hotel Fort Des Moines ■ 1000 Walnut, Des Moines ■ September 26, 27 and 28, 2007

Two ways to register: 1) Fax 515-573-3337
2) Mail to: Registrations, Coalition Conference, Box 978, Fort Dodge, IA 50501

Registrations must be received by September 19, 2007. After this date, you may register on-site at the Conference.

Name: _____ Employer: _____

Address: _____ Daytime Phone or Email: _____

WORKSHOPS: Please circle the numbers for your 1st choice for workshops you wish to attend.
If a workshop you choose becomes unavailable, we will telephone or email you.

WED PM choose one: 1 2 3 4 5	FRI ALL DAY choose one: 8 <u>OR</u>
THURS ALL DAY choose one: 8 <u>OR</u>	FRI AM choose one: 21 22 23 24 25 26 <u>AND</u>
THURS AM choose one: 6 7 9 10 11 12 <u>AND</u>	FRI PM choose one: 27 28 29 30 31 32
THURS PM circle one of these: 15 16 17 18 <u>OR</u> circle one of each color: 13 14 19 20	

Will you attend the Banquet Thursday evening (There is an extra charge of \$30 for your meal)? _____ Yes _____ No
Please select either: _____ Chicken _____ Pasta

FEES: For registrations postmarked after September 14, add a \$10 per day late registration fee.

Section 1. Indicate sections(s) you will attend:

<input type="checkbox"/> Wednesday PM \$40	Sub-Total from left \$_____
<input type="checkbox"/> Thursday \$75	<input type="checkbox"/> Banquet \$30
<input type="checkbox"/> Friday \$75	Late Fee (postmarked after 9/14/07) \$10 per day
Sub-Total \$_____	Total Section 1: \$_____

Section 2. Do you need a CEU certificate for attendance at this conference? Provide your license number _____ and circle license type: social work, behavioral science, substance abuse, psychologist
There will be a \$15 fee for each type of CEU certificate you request. (i.e. social work and substance abuse would be 2 x \$15 = \$30).
Total Section 2: Number of CEU certificates you need: _____ x \$15 = \$_____

Section 3. If your employer requires a certificate of attendance, which verifies whether you attended the workshops you registered to attend, please check this box:
Total Section 3: Number of attendance certificates you need: _____ x \$15 = \$_____

TOTAL DUE: Total Section 1: \$ _____ + Section 2: \$ _____ + Section 3: \$ _____ = \$ _____

The Coalition will invoice member agencies for their staff registrations, immediately after the conference. If you are responsible for paying your own registration fees, or your CEU fees, please make your check payable to: Coalition for Family & Children's Services in Iowa. Check or cash only.

CANCELLATION/REFUND POLICY: If you telephone the Coalition at (515) 244-0074, ext 3, before September 14, 2007 and cancel your registration, you will receive a full refund. No refunds, for any reason, after that date! No refunds if you do not attend.

CEU's: Specific instructions on obtaining CEU's will be provided in your registration packets.