



# REGISTRATION FORM *for Non-Members*

## *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.*

<b>WED PM</b> choose one:    1   2   3   4   5	<b>FRI ALL DAY</b> choose one:    8 <u>OR</u>
<b>THURS ALL DAY</b> choose one:    8 <u>OR</u>	<b>FRI AM</b> choose one:    21   22   23   24   25   26 <span style="text-align: center;"><u>AND</u></span>
<b>THURS AM</b> choose one:    6   7   9   10   11   12 <span style="text-align: center;"><u>AND</u></span>	<b>FRI PM</b> choose one:    27   28   29   30   31   32
<b>THURS PM</b> 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 <input type="checkbox"/> Thursday                    \$80 <input type="checkbox"/> Friday                        \$80 Sub-Total                    \$_____	Sub-Total from left            \$_____ <input type="checkbox"/> Banquet                    \$30 Late Fee (postmarked after 9/14/07) <b>\$10 per day</b> <b>Total Section 1:</b> \$_____
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**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: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**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.