



2009 Child Abuse Conference

December 7-8th • Norris Conference Center at Crossroads
4522 Fredericksburg Road • San Antonio, TX

Registrant Information

*Registrant Name _____ *Wk Phone _____

Home Address/City/State/Zip _____

*Agency/Organization _____

*E-mail _____

***REQUIRED INFORMATION:** For receipt and registration confirmation, please supply an e-mail address. Allow **5-7 business days** for processing. Send registration inquiries to patriciaak@childsafe-sa.org.

Profession/Status:

- Advocacy Center CPS Education Faith-Based Law Enforcement Legal/Judicial
 Medical Mental Health Social Services Student Other: _____

SW, LPC, LMFT seeking CEU can earn up to 11.0 CEU for 2-day attendance or 5.5 hours per day (11.0 CEU = 1.1 CEU for SW). LSOTP and LCDC hours not yet calculated. Up to 3.0 ETHICS credits awarded to mental health professionals.

Nursing contact hours have been applied for through the Texas Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This program has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the UT Health Science Center at San Antonio School of Medicine (UTHSCSA) and ChildSafe. UTHSCSA is accredited by the ACCME Education to provide continuing medical education for physicians.

Law Enforcement seeking TCLEOSE can potentially earn 11.0 hours for 2-day attendance or 5.5 hours per day.

Important Deadlines

- Early bird registration valid thru **11/06/09** (must be POSTMARKED by this date)
- Cancellation/refund requests must be made in writing by **10/15/09** (faxes and emails accepted)
- Register by mail deadline **11/20/09** (registrations should be faxed or called in to ChildSafe after 11/20)
- Special hotel rates at Marriott SpringHill Suites valid thru **11/16/09**. Call 800-287-9400 or 210-737-6086

Payment & Mailing Information

Mail registration and payment to: ChildSafe, Attn: Training Coordinator, 7130 W. U.S. Hwy 90, San Antonio, TX 78227. Faxed registrations w/o credit card information cannot be processed. No P.O.'s or RFP's please. Only paid registrations can be honored. Limited seating- call (210) 675-9000 for availability.

Registration Fee

	<u>Early Bird Rate</u> (valid until 11/06/09)	<u>Regular Rate</u>
<input type="checkbox"/> 2-days- Dec. 7-8	\$180	\$225
<input type="checkbox"/> 1-day- Mon, Dec. 7		\$125
<input type="checkbox"/> 1-day- Tue, Dec. 8		\$125

Method of Payment - Checks Payable to ChildSafe

- Visa MC AMEX/DISC Check Enclosed # _____

Card Holder Name _____ Signature _____

Card # _____ Expiration Date _____

Card Verification Code: _____

✉ Register by MAIL - send payment and form to: ChildSafe, c/o Training Coordinator, 7130 W. U.S. Hwy 90, San Antonio, TX 78227

📠 Register by FAX - fax form and credit card info to **SECURE** line: (210) 675-7762. To verify that we received your fax, email patriciaak@childsafe-sa.org

☎ Register by PHONE - call (210) 675-9000 to expedite your registration (credit card required)

A \$20 fee will be charged for returned checks. Refund requests must be received in writing by 10/15/09. The registration fee will be refunded, minus a \$40 service charge. No requests for refunds will be accepted after 10/15. Please contact us if sending a sub. Visit www.childsafe-sa.org for cancellation/refund policy. You are free to select your workshops. We recommend arriving early to preferred workshops as we cannot guarantee space in those sessions. There are a limited number of exhibitor tables available for a fee. Ample FREE parking is available at Norris Conference Center. ChildSafe reserves the right to substitute presenters or cancel workshops due to unforeseeable circumstances.

Conference Supporters:



Norris Conference Center-Balcones Heights

METHODIST BEHAVIORAL MEDICINE

A member of the Methodist Healthcare System

www.SAHHealth.com



CHRISTUS
SANTA ROSA
Children's Hospital



For sponsor information, go to www.childsafe-sa.org

For Office Use Only

Date Rcvd: _____

Reg. No.: _____

