

APRIL 16, 17, 18 & 19, 2019

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, 4/12/19

MAIL TO:

Summit 2019 Registration
Clackamas County Sheriff's Office
2223 Kaen Rd.
Oregon City, OR 97045

or email mthompson@clackamas.us

The Power of One in Collaboration with Others

REGISTRATION FEES: No Summit Registrations Accepted After Friday, 4/12/19

- Group Rate for a group of 5 or more registrations received together with payment PRIOR to 3/22/19 \$445/participant _____
- Early Registration postmarked (or register online) by Friday, 3/4/19 \$465/participant _____
- Regular Registration postmarked (or register online) 3/5/19 to 4/12/19 \$525/participant _____
- One-Day Registration • indicate which day
 Tuesday Wednesday Thursday Friday \$220/participant _____
postmarked (or register online) by 4/12/19

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:

ADDITIONAL INFORMATION:

Clackamas County Sheriff's Office
Attn: Maigen Thompson
2223 Kaen Rd.
Oregon City, OR 97045
Phone 503-785-5022
Email mthompson@clackamas.us

www.ChildAbuseSummit.com