

APRIL 16, 17, 18 & 19, 2019

PRINT / TYPE CLEARLY: 1 attendee per form

NAME (FOR NAME TAG):

TITLE:

AGENCY:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

BUSINESS PHONE:

()

FAX:

()

E-MAIL:

DISCIPLINE:

- Law
- Law Enforcement
- Medical
- Nursing
- Parole/Probation
- Prevention/Education
- Protective Services
- Treatment
- Other:

MAIL TO:

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

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

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, 3/15/2019 \$465/participant _____
- Regular Registration postmarked (or register online) 3/16/19 to 4/12/19 \$525/participant _____
- One-Day Registration • indicate which day
 Tuesday Wednesday Thursday Friday
postmarked (or register online) by 4/12/19 \$220/participant _____

TOTAL: _____

PAYMENT METHOD:

Check or authorization must accompany this completed registration form.
Registration will not be confirmed until receipt of payment.
No registrations accepted after 11:59 p.m. on Friday, April 12, 2019.

- Check (payable to Clackamas County Sheriff's Office, 2019 Summit)
- Purchase Order P.O. #: _____
- MasterCard Credit Card #: _____
- Visa Card Exp. Date: _____ 3-Digit Code: _____
- Scholarship Applicant Name On Card: _____
Signature: _____

**IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1990,
PLEASE INDICATE HERE IF YOU HAVE ANY SPECIAL NEEDS OR REQUIREMENTS:**

