

REGISTRATION FORM

SPACE IS LIMITED. REGISTER EARLY! REGISTRATION DEADLINE: 3.31.08

PLEASE INCLUDE A SEPERATE REGISTRATION FOR EACH ATTENDEE

NAME _____

TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

PLEASE CIRCLE DATES OF ATTENDANCE: BOTH DAYS THURSDAY ONLY FRIDAY ONLY

WILL YOU BE ATTENDING THE DINNER ON THURSDAY EVENING? YES NO

WILL YOU BE ATTENDING THE THURSDAY EVENING PLAYBACK THEATER? YES NO

WILL YOU BE ATTENDING THE THURSDAY EVENING MOVIE SCREENING? YES NO

ARE YOU A CASEY FAMILY SERVICES EMPLOYEE? YES NO

IN-STATE COST OF CONFERENCE IS \$100 FOR EACH PARTICIPANT (FOR BOTH DAYS) OR \$60 FOR EACH PARTICIPANT FOR SINGLE DAY ATTENDANCE.
OUT-OF-STATE COST OF CONFERENCE IS \$175 FOR EACH PARTICIPANT (FOR BOTH DAYS) OR \$100 FOR EACH PARTICIPANT FOR SINGLE DAY ATTENDANCE

METHOD OF PAYMENT: CHECK PAYABLE TO Casey Family Services

PLEASE SEND REGISTRATIONS TO: CASEY FAMILY SERVICES
105 LOUDON ROAD, BUILDING 2
CONCORD, NH 03301-5601

IF YOU REQUIRE SPECIAL ACCOMMODATIONS OR HAVE GENERAL CONFERENCE INQUIRIES, TELEPHONE 800.417.7375.

SELECT WORKSHOPS

WORKSHOPS: SESSION A circle 1st choice a₁ a₂ a₃ a₄ a₅ a₆ a₇ a₈ a₉
(THURSDAY A.M.) circle alternate choice a₁ a₂ a₃ a₄ a₅ a₆ a₇ a₈ a₉

WORKSHOPS: SESSION B circle 1st choice b₁ b₂ b₃ b₄ b₅ b₆ b₇ b₈ b₉
(THURSDAY P.M.) circle alternate choice b₁ b₂ b₃ b₄ b₅ b₆ b₇ b₈ b₉

WORKSHOPS: SESSION C circle 1st choice c₁ c₂ c₃ c₄ c₅ c₆ c₇
(FRIDAY A.M.) circle alternate choice c₁ c₂ c₃ c₄ c₅ c₆ c₇

IF YOU RECEIVE AN ADDITIONAL COPY, PLEASE PASS IT ALONG.