



STUDENT REGISTRATION FORM
*Innovation Through Collaboration: Building A Community
 Response To Family Violence Conference
 2009 National Conference*
April 29-May 1, 2009 ~ Hilton at Easton, Columbus, OH

First Name _____ Last Name _____

Degree/Credentials/Title (Ms., Mrs., Mr., Dr.) _____

School Name _____

Department _____

Mailing Address of Participant _____

City State Zip _____

Daytime Phone (____) _____ Fax (____) _____

Email Address _____

*Please select the sessions you wish to attend after reviewing the Concurrent Session offerings at
<http://www.ccafv.org/conference/detailedagenda.htm>:*

Session A _____ Session B _____ Session C _____ Session D _____

Session E _____ Session F _____ Session G _____ Session H _____

ADA special services required _____

Meal Request:

_____ Regular _____ Kosher _____ Low Carb/Diabetic _____ Vegetarian

Professional Credit Requested:

_____ Legal _____ Nursing _____ Psychological _____ Attendance

_____ Social Work/Professional Counselor/Marriage & Family Therapy

PAYMENT:

Registration Option:

\$100 Student Registration Fee

- *Students must be attending a full-time program to qualify for the student registration rate.*
- *Students must also provide a copy of their student ID (or copy of acceptance letter) and a secondary proof of student status (current course schedule, etc...).*

Payment Option (select one):

Check

Credit Card

Visa _____ MasterCard _____

Name of Registrant: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ Identity # (3 digits on back): _____

Mailing Address Associated with card: _____

City, State, Zip: _____

If paying by credit card:

Fax registration forms along with proof of student status to: Garrison and Associates, Inc., 614.273.1401.

If paying by check:

PLEASE MAKE CHECKS PAYABLE TO: Columbus Coalition Against Family Violence
Include the registrant's name in the memo line and mail with registration forms and proof of student status to:

**CCAFV National Conference
Garrison and Associates, Inc.,
4701 Olentangy River Road, Suite 201,
Columbus, OH 43214**

Registration forms must be received by April 15, 2009.

Please contact Eleanor Garrison with any questions or concerns at (614) 273-1400.