

7th Annual Multidisciplinary Conference on Child Abuse

August 4-6, 2010 Caribe Royale—Orlando, FL



Registration Form



(Please print information as you want it on name badge and conference materials.)

Name: _____ Title: _____

Organization: _____

Professional Discipline: Attorney CAC Director CAC Staff
 CPI CPS CPT Child Advocate Forensic Interviewer
 GAL Law Enforcement Nurse Social Services Therapist
 Other (please specify) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Dietary needs: (please specify) _____

Fees: GROUPS MUST REGISTER TOGETHER FOR GROUP RATE!

Registration Fees:	Individual	Group of 4 or more
	<input type="checkbox"/> \$300	<input type="checkbox"/> \$275

CE's will be provided for attending the conference at no cost. Attendees will earn one CE per hour. Registration for CE's will be on-site.

*Registrations after July 28th will only be accepted on-site at the conference. Registrations are transferable, but non-refundable.

Payment Method (check one)

Check (Enclosed) Check #: _____

P.O. Number: _____ (*see fees) Billing Contact: _____

Credit Card Visa MasterCard

Card # _____ Exp. Date: _____ Sec. Code: _____ Billing Zip Code: _____

Total Amount to be Charged: \$ _____ Signature: _____

Checks made payable and mailed to:

Florida Network of Children's Advocacy Centers (FNCAC)
 2940 East Park Avenue, Suite A, Tallahassee, FL 32301
 850.671.4791 FAX: 850.671.1224 EMAIL: fncac@fncac.org

**IT'S EASY
TO
REGISTER!**

ONLINE
www.fncac.org

or
[http://register.fncac.org/
registration/](http://register.fncac.org/registration/)

MAIL*
 370 Office Plaza Dr.
 Tallahassee, FL 32301

FAX
 (850) 671-1224

**REGISTRATION
WILL NOT BE
ACCEPTED
WITHOUT
PAYMENT!**

*REGISTRATIONS AFTER
JULY 23RD MUST BE
 FAXED OR SUBMITTED
 ONLINE

Office Use Only

Date Submitted: _____

Processed: _____

Date: _____