



2009 ANNUAL SUMMIT REGISTRATION FORM

Pathways to Change: Issues, Challenges and Strategies

Please mail or fax one completed copy of this page to RDL Enterprises (see below), along with payment, for each person attending the conference. Application must be received in the RDL office no later than October 4, 2009. Online registration is available at www.Centerforce.org/Summit.

Personal Information (please type or print)			
Name			
Phone #		Fax #	
Address			
Agency			
Email Address			

Registration Information and Fees		
	Early Bird Special (Postmarked by Sep. 4, 2009)	Regular Conference Cost (Postmarked after Sep. 4, 2009)
2009 Summit – Both Days	\$245	\$300
2009 Summit – One Day (please specify)		
o October 26, 2009	\$150	\$175
o October 27, 2009		
Group Rate (per person) – Both Days <i>*Group rate is 4 or more and registration forms and payment must be received at the same time</i>	\$230	\$230
Total Enclosed		

(Onsite registration will be available.)

1) Please indicate if you will be attending the pre-conference institute (included in your registration fee) and which workshop you would like to attend. The pre-conference institute will take place Sunday, October 25th 9:30am-1:3pm.

Yes, I will be attending the pre-conference institute No, I will not be attending the pre-conference workshop

Pathways to Change: Practical Strategies for Connecting Incarcerated Parents and Their Children (the Foreverfamily, Inc Model)

Pathways to Change: Navigating the Culture of Corrections

2) Please indicate workshop tracks of primary interest (rate 1 – 3, with 1 being priority):

Reentry Support: Housing, Employment and Families

Mental Health, Substance Abuse and Families

HIV, Hepatitis, Health Disparities and Families

3) 3rd Party Educational Dinner for Medical and Healthcare Providers on Sunday and Monday evening.

Reception begins at 6:30pm. Please indicate if you will be attending one or both.

Sunday, October 25th Monday, October 26th I would like to attend both I will not be attending

Please indicate any dietary restrictions, if applicable:

Vegetarian Vegan Diabetic Food allergy _____ Other _____

Payment Information (please type or print)			
<input type="checkbox"/> Check enclosed payable to RDL Enterprises. Please write attendee name(s) on check.			
<input type="checkbox"/> Credit card (Visa, MC, Amex and Discover accepted)			
Name on Card			
Card #		Exp date	
Card Billing Address			
Signature			Date

RDL Enterprises: Attn CF Summit, 2300 N St, Suite 3, Sacramento, CA 95816
FAX: 916-443-2037 PHONE: 916-443-0218

Scholarship applications are available at www.Centerforce.org/Summit