

# Mid-Atlantic Conference on Child Abuse and Neglect

Wednesday, October 28<sup>th</sup> — Friday, October 30<sup>th</sup>, 2009

Clarion Fontainebleau Resort Hotel, 10100 Coastal Highway, Ocean City, MD 21842. For Reservations call 800-638-2100

Fax or mail your completed form, along with your conference registration payment to:

Maryland Children's Alliance  
P.O. Box 1112  
Bel Air, MD 21014  
Phone: 410.386.3644 (Heather Julius)  
FAX: 410.876.1945

## PLEASE PRINT OR TYPE

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

SPECIAL NEEDS (E.G. WHEELCHAIR ACCESS) \_\_\_\_\_

- Please do not include my name and information in the participants' list.

## REGISTRATION FEES

Your registration fee includes all conference materials and meals listed in the program/brochure.

When paying by credit card or check:

- Postmarked by September 18, 2009 .....\$275
  - Groups of 5 or more .....\$250
  - September 19 - October 9, 2009 .....\$300
  - October 9- October 30, 2009 .....\$325
- (Only credit card, check, or cash will be accepted for on site registration.)*

When paying by military voucher or purchase order:  
*(No military vouchers or purchase orders after Sept. 1)*

- Postmarked by September 1, 2008 .....\$265
  - Social work continuing education credits .....\$25
  - One day registration .....\$125
- Please select day you are attending:*
- Wednesday
  - Thursday
  - Friday

## SPECIAL EVENTS

- Thursday Luncheon with Carolyn Jessop .....\$40
  - Check here if vegetarian
- 2nd Annual Back to the Beach Party .....\$35

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

Method of payment (Federal ID #42-1602584)

- Check enclosed, payable to MCA
- Military voucher enclosed
- Purchase order on organization's form enclosed
- Visa
- MasterCard

Cardholder's name: \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing address if different than above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORKSHOP SELECTIONS

Please make your first choice selection for each breakout session below. Use the letter description of the workshop (ie: A1, B4, J5).

		SESSION
<b>WEDNESDAY</b>		
Breakout 2	1:00 PM - 2:30 PM	_____
Breakout 3	2:45 PM - 4:00 PM	_____
<b>THURSDAY</b>		
Breakout 1	8:30 AM - 10:00 AM	_____
Breakout 2	10:15 AM - 11:30 AM	_____
Breakout 3	1:45 PM - 3:15 PM	_____
Breakout 4	3:30 PM - 5:00 PM	_____
<b>FRIDAY</b>		
Breakout 1	8:30 AM - 10:00 AM	_____
Breakout 2	10:15 AM - 11:45 AM	_____
Plenary session	1:00 PM - 3:00 PM	_____

**CANCELLATION POLICY:** Written cancellations received before September 30, 2009 will be refunded less \$50 administrative fee. NO refunds will be made after September 30, 2009. Registration fee is transferable.