

**7<sup>th</sup> Annual Facing Family Violence Conference**  
*A Community Problem. A Community Solution.*  
**Registration Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Discipline (Please check **all** that apply)

- |                                       |  |                                      |                                    |
|---------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Social Work  | <input type="checkbox"/> Education     | <input type="checkbox"/> Psychology  | <input type="checkbox"/> Nursing   |
| <input type="checkbox"/> Legal        | <input type="checkbox"/> Investigation | <input type="checkbox"/> Probation   | <input type="checkbox"/> Physician |
| <input type="checkbox"/> CCCFV member | <input type="checkbox"/> Physician     | <input type="checkbox"/> Other _____ |                                    |

Continuing Education Credits (Please check **all** that apply)

- |                                      |                               |                                  |  |                               |                               |
|--------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> LPC         | <input type="checkbox"/> LMSW | <input type="checkbox"/> LCSW    | <input type="checkbox"/> LCDC            | <input type="checkbox"/> LMFT | <input type="checkbox"/> CJAD |
| <input type="checkbox"/> RN          | <input type="checkbox"/> LPN  | <input type="checkbox"/> TCLEOSE | <input type="checkbox"/> PhD. Psychology |                               |                               |
| <input type="checkbox"/> Other _____ |                               |                                  |  |                               |                               |

Registration Fees and Deadlines:

- Early Bird: Must be received by 10/07/2009 **\$120.00**                       At the Door: **\$150.00**

Payment Options

- Check (Please include participant's name on check) Check Number \_\_\_\_\_  
 Credit Card                       Visa    MasterCard  
Cardholder's name and number \_\_\_\_\_

Checks: Pay to the Order of: **JUNIOR LEAGUE OF PLANO**

Mail checks and/or purchase orders to:  
Collin County Council on Family Violence (CCCFV)  
C/O Junior League of Plano  
5805 Coit Road #301  
Plano, TX 75093

To register online **and** pay by credit card, please visit [www.ccc-fv.org](http://www.ccc-fv.org)

- \* For more information, please email [conference@cccfv.org](mailto:conference@cccfv.org)  
\*If you require special assistance, please email [conference@cccfv.org](mailto:conference@cccfv.org) or call 972-769-1142 so that we can make provisions.

How did you learn about this conference?

- Email Brochure    Brochure in Mail    Friend/Co-worker    CCCFV Website  
 Other \_\_\_\_\_