

2008 Prevention Summit {Chaperone/Youth} Registration Form

Employer: _____

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Non-profit Organization | <input type="checkbox"/> Tribe | <input type="checkbox"/> Mentoring Organization | <input type="checkbox"/> Community Org/Coalition |
| <input type="checkbox"/> Private Company | <input type="checkbox"/> School/ESD | <input type="checkbox"/> After School Program | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Youth Serving | <input type="checkbox"/> Research | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> State Agency/Public Agency | <input type="checkbox"/> Other _____ | | |
- (Specify in other)

Indicate T-Shirt Size:

- S M L XL 2XL 3XL 4XL

How did you hear about the conference?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Save the Date | <input type="checkbox"/> CASAT Website | <input type="checkbox"/> DASA Website |
| <input type="checkbox"/> Referral | <input type="checkbox"/> E-mail | <input type="checkbox"/> Other |

Do you plan to attend the following activities on Thursday Evening (Oct 16)?

(Check box if you are attending the event)

- | |
|---|
| <input type="checkbox"/> Early registration for adults, chaperone and youth |
| <input type="checkbox"/> National Guard Activities, crafts and ice cream social for youth |
| <input type="checkbox"/> Prevention Professionals Networking Reception for all adults |

Registration

Payment Options

Fee includes adult reception and youth ice cream social on Thur. evening; breakfast & lunch Fri. & Sat. dinner on Fri.

Y

- | | |
|--|------|
| <input type="checkbox"/> Early registration | \$25 |
| <input type="checkbox"/> Regular registration (after Oct. 2, 2008) | \$35 |

C R

- | | |
|--|-------|
| <input type="checkbox"/> Early Registration | \$125 |
| <input type="checkbox"/> Regular registration (after Oct. 2, 2008) | \$150 |

If agency is paying, tax ID# _____

Purchase order enclosed

Check payable to the Board of Regents enclosed
CASAT's Tax ID # 886000024

Coupon Code (if applicable) _____

Credit Card: Master Card VISA
 American Express Discover

Card No. _____

Card Code _____ (3 or 4 digit # on back of card)

Exp. Date _____ Amount _____

Print name here _____

Signature _____

Signature as it appears on your card

Cancellation Policy: If you are unable to attend the conference, please send a written cancellation notice to Samantha Draeger, CASAT (contact info below) no later than Oct. 2, 2008 for a full refund. If your cancellation notice is received after Oct. 2, 2008 a refund will not be possible. Thank You.

Samantha Draeger, CASAT draeger@casat.org, 877.922.6635 or 775.784.6265.

Please check that you have read and understand the cancellation policy.

Hotel/Parking/Transportation

For information regarding hotel rates, reservation deadlines, parking and transportation, please see the Hotel, Parking, Transportation link on the Conference website www.casat.org