

# 2010 National Conference on Sexual Assault in Our Schools

Hyatt Regency Atlanta ♦ Atlanta, Georgia ♦ October 22 – 24, 2010

## Conference Registration Form

Please **PRINT** all information **CLEARLY**. Send completed form to address or fax number listed below.

- |                                                                                         |                 |
|-----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> <b>Early-Bird Registration</b> (until July 31, 2010):          | <b>\$330.00</b> |
| <input type="checkbox"/> Registration (August 1 – October 10, 2010):                    | \$380.00        |
| <input type="checkbox"/> Late Registration ( <i>after October 10, 2010</i> ):           | \$430.00        |
| <input type="checkbox"/> <b>Early-Bird Student* Registration</b> (until July 31, 2010): | <b>\$195.00</b> |
| <input type="checkbox"/> Student* Registration (August 1 – October 10, 2010):           | \$245.00        |
| <input type="checkbox"/> Late Student* Registration ( <i>after October 10, 2010</i> ):  | \$285.00        |

- |                                                          |
|----------------------------------------------------------|
| <input type="checkbox"/> Check enclosed                  |
| <input type="checkbox"/> Money Order enclosed            |
| <input type="checkbox"/> Charge Credit Card (info below) |
| <input type="checkbox"/> Purchase Order enclosed         |

**TOTAL:** \_\_\_\_\_

\*Proof of full-time student status may be requested at admission.

Registration includes access to all sessions; networking, exhibits; and meal functions listed in the program.

Group discounts available by request for 4 or more registrants. Please call.

A \$40 charge will be issued for a written cancellation received by October 1, 2010. No refunds after this date. Substitutions accepted.

Credit Card (Visa, MasterCard, Discover, American Express) Information – Please **PRINT CLEARLY**

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Card Holder's Phone \_\_\_\_\_

E-Mail to send Receipt \_\_\_\_\_

Registrant's Information – Please **PRINT CLEARLY**

Registrant's Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address belongs to  Organization  Home Full-Time Student?  Yes  No

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Referred by \_\_\_\_\_

**Safe Society Zone, LLC** ♦ 5401 Bentgrass Dr Unit 106 ♦ Sarasota FL 34235-2657

Phone: 941-870-4086 ♦ Fax: 941-870-4088 ♦ E-mail: [contact@safesocietyzone.com](mailto:contact@safesocietyzone.com) ♦ Web: [www.safesocietyzone.com](http://www.safesocietyzone.com)