



Family & Victim Advocacy 101 National Children's Advocacy Center



Mark only one Session:

June 23-25, 2009

September 29-October 1, 2009

Attendee Information (Please print.):

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Fax number: _____ Email: _____

Discipline: Please check the most appropriate.

CPS Law Enforcement Mental Health Medical Legal Victim Advocate Other: _____

What is your Job Title? _____

Are you affiliated with a CAC? Yes No If Yes, which CAC? _____

Method of Payment:

Full payment of \$549 is required at time of registration. Please indicate your payment method below.

Check or money order enclosed. Please make checks payable to NCAC.

Credit card:

Visa Mastercard American Express

Expiration date: _____ Card #: _____ Signature: _____

Please send this form and payment to:

Mail: National Children's Advocacy Center
 Attn: Pamela Wales
 210 Pratt Avenue
 Huntsville, AL 35801

Fx: 256-327-3859 (credit card only)

Online: www.nationalcac.org

Cancellation Policy:

Written cancellations received at least 30 days prior to the beginning of each training session will be refunded, less a \$100 administrative fee. Registration is transferable. No refunds will be made if cancellation is received within 30 days of the training session.

Questions? Contact Pamela Wales at 256-327-3786 or at pwales@nationalcac.org.