

Conference Group Registration Form

January 29- February 3, 2017

Sheraton San Diego Hotel & Marina • San Diego, CA



Part 1: General Information

Please fill out the group registration form and submit it to the Conference Registration to sdconference@rchsd.org or fax it to (858) 966-8018. A minimum of 5 participants must be registered at the same time in order to qualify as a group. Only groups from a single payment source can be registered under this category. A work email is required for each person in the group.

Group Cancellation Policy: Registration cancellations must be submitted in writing.

-By December 31, 2016– full refund, less a \$100 processing fee per person.

-January 1, 2017 to January 16, 2017- 50% refund

-Refunds will not be granted for cancellations postmarked on or after January 17, 2017, or for participants who register but do not attend. No exceptions to this policy can be considered, as funds will then be fully committed to the production of the conference. You may transfer your registration fees and send an alternate to the conference without penalty with written notice given by January 20, 2017.

What Is Included? Conference Registration rate includes entry to all conference workshops, forums, spotlight discussions, mini-plenary sessions, plenary sessions, access to the Conference mobile application, Wi-Fi, daily continental breakfast and snacks, Welcome Reception, access to workshop's electronic educational materials, and Certificate of Attendance. The conference registration rate does not include entry into the pre-conference institutes and continuing education certificate. Separate fees apply.

Part 2: Registration Categories

Registration Rates	
5-14 attendees	\$425 per person
15 or more attendees	\$395 per person
Continuing Education Certificate	
San Diego Conference & Preconference Institutes	\$100 per person
Preconference Institute	\$30 daily/Preconference Institute per person
Preconference Institutes	
Basic Sexual Abuse Medical Evaluation: Jan. 29	\$175 per person
CAPSAC Child Abuse 101: Jan. 30	\$175 per person
APSAC: Three Advanced Training Institutes Jan. 29 & 30	To register, go to: www.apsac.org
AVA: Academy on Violence and Abuse Jan. 30	To register, go to: www.avahealth.org
FVTC/NCJTC: Child Homicide Investigations Jan. 29 & 30	To register, go to: www.ncjtc.org/CHI
ISPCAN: Refugee & Displaced Children- Global Strategies to Help Jan. 30	To register, go to: www.ispcan.org
The Ray Helfer Society: Fundamentals of the Medical-Forensic Evaluation of Physical Abuse Jan. 30	To register, email: dbandy@helpersociety.org
Additional Add-ons	
Conference Manual	\$15 per person
William Friedirch Memorial Lecture & Luncheon Feb. 2	\$50 per person

Part 3: Group Coordinator Information

1.

First Name:		Last Name:	
Discipline: Other		If other, please specify:	
Employer:	Title:	Degree (abbreviation only):	
Street Address:			Suite #:
City:	State/Province/County:	Zip code/ Postal code:	
Email:	Phone:	Fax:	
Will you be included in the group? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please make your selection(s) below to add-on additional items:			
Continuing Education Certificate: None			
If daily is selected, please indicate the days that you need for your Continuing Education Certificate: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>			
Preconference Institutes (The Registration Categories above will have the full preconference institutes listing):			
Basic Sexual Medical Evaluation: Jan. 29 th ...\$175 <input type="checkbox"/>		CAPSAC Child Abuse 101: Jan. 30 th ...\$175 <input type="checkbox"/>	
Conference Manual \$15 <input type="checkbox"/>		William Friedirch Memorial Lecture & Luncheon Feb. 2 nd \$50 <input type="checkbox"/>	

Part 4: Attendee Information If registering more than 10 attendees, please submit a second form.

2.

First Name:		Last Name:	
Discipline: Other		If other, please specify:	
Employer:	Title:	Degree (abbreviation only):	
Street Address:			Suite #:
City:	State/Province/County:	Zip code/ Postal code:	
Email:	Phone:	Fax:	
Please make your selection(s) below to add-on additional items:			
Continuing Education Certificate: None			
If daily is selected, please indicate the days that you need for your Continuing Education Certificate: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>			
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Conference Manual \$15 <input type="checkbox"/>		William Friedirch Memorial Lecture & Luncheon Feb. 2 nd \$50 <input type="checkbox"/>	

3.

First Name:		Last Name:	
Discipline: Other		If other, please specify:	
Employer:	Title:	Degree (abbreviation only):	
Street Address:			Suite #:
City:	State/Province/County:	Zip code/ Postal code:	
Email:	Phone:	Fax:	
Please make your selection(s) below to add-on additional items:			
Continuing Education Certificate: None			
If daily is selected, please indicate the days that you need for your Continuing Education Certificate: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>			
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Conference Manual \$15 <input type="checkbox"/>		William Friedirch Memorial Lecture & Luncheon Feb. 2 nd \$50 <input type="checkbox"/>	

4.

First Name:		Last Name:	
Discipline: Other		If other, please specify:	
Employer:	Title:	Degree (abbreviation only):	
Street Address:			Suite #:
City:	State/Province/County:	Zip code/ Postal code:	
Email:	Phone:	Fax:	
Please make your selection(s) below to add-on additional items:			
Continuing Education Certificate: None			
If daily is selected, please indicate the days that you need for your Continuing Education Certificate: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>			
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Discipline: Other		If other, please specify:	
Employer:	Title:	Degree (abbreviation only):	
Street Address:			Suite #:
City:	State/Province/County:	Zip code/ Postal code:	
Email:	Phone:	Fax:	
Please make your selection(s) below to add-on additional items:			
Continuing Education Certificate: None			
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Discipline: Other		If other, please specify:	
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Street Address:			Suite #:
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Email:	Phone:	Fax:	
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Discipline: Other		If other, please specify:	
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Email:	Phone:	Fax:	
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First Name:		Last Name:	
Discipline: Other		If other, please specify:	
Employer:	Title:	Degree (abbreviation only):	
Street Address:			Suite #:
City:	State/Province/County:	Zip code/ Postal code:	
Email:	Phone:	Fax:	
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Continuing Education Certificate: None			
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Conference Manual \$15 <input type="checkbox"/>		William Friedirch Memorial Lecture & Luncheon Feb. 2 nd \$50 <input type="checkbox"/>	

Part 5: Payment Methods

Check:

Please make them payable to:
Chadwick Center for Children and Families
Federal Tax ID #95-1691313

Send check to:
Conference Registration
Chadwick Center for Children and Families
Rady Children's Hospital- San Diego
3020 Children's Way, MC 5017
San Diego, CA 92123-4282

Credit Card:

Please call 858-966-4972 to process your group payment. We accept all major credit cards.

Questions?

E-mail: SDconference@rchsd.org

Phone: 858-966-4972

Fax: 858-966-8018