

**PARTNERING FOR EXCELLENCE: A SUMMIT FOR BEST PRACTICES IN INVESTIGATION, INTERVENTION, AND ADVOCACY FOR CHILDREN 2007 REGISTRATION FORM**

**May 2, 2007 • Kennesaw, Georgia**

**Note:** This form may be duplicated. Please use one form per conference registrant.

\*Indicates a required field.

\*First Name:  \*Last Name:

\*Email:  Discipline:

Title:  \*Organization:

\*Address:

\*City:  \*State:

\*Zip Code:  Social Security Number:  (Not Required)

\*Telephone:  Fax:

**Note:** Social Security number will be used only to grant tax credit for Lifelong Learning. This field is **not** required.

**Workshops** (Choose one morning session and afternoon session)

Workshop	Morning Session (x)	Afternoon Session (x)
WS 1		
WS 2		
WS 3		
WS 4		
WS 5		

**Method of Payment**

Visa  Mastercard  Discover  AMEX

\*Card Number:  \*Expiration Date(MM/YY):

\*Cardholder Name:

Card Holder Signature:

\*Authorization: By checking this box and submitting this form, I authorize Continuing Education at Kennesaw State University to charge my card for the 2007 Child Advocacy Summit. (You will receive a receipt stating the full amount.)

**Registration Fee**

Please click in the checkbox to select the registration fee.

Conference registration fee - \$100

**Registration fee includes continental breakfast and lunch.**

On-Line: [www.cacga.org](http://www.cacga.org)

Make Checks Payable to: Kennesaw State University

**Mail to:**  
 Kennesaw State University  
 Continuing Education at Kennesaw State University  
 Attn: Karen Stark  
 1000 Chastain Road #3301  
 Kennesaw, GA 30144  
 770-423-6765 or 1-800-869-1151

*If you are using a CACGA scholarship or are paying with a check or purchase order, you must mail your registration form.*