



**PREVENTION REGISTRATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nametag/Nickname: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**REGISTRATION FEE**

Registration fees include continental breakfast, lunch & breaks throughout the conference. Admittance to all conference sessions. You must have a name badge to enter all functions.

- Advance Registration \$175  
*(on or before August 13, 2010)*
- Late Registration \$200  
*(after August 13, 2010)*
- Multiple Group Rate \$150  
*(5 or more from an Agency/Company )*
- Presenter Registration \$125
- One Day Registration \$75  
Wednesday Thursday
- Special needs – Please circle  
Accommodation for disability Dietary Mobility  
*(Our office will be in touch with you)*

**PAYMENT INFORMATION**

Total Registration Fees: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

**Mailed to: CMC & ASSOCIATES 2713 Blairstown lane ~ Tallahassee, Florida 32301**

Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

There will be a \$15 fee to process any changes or cancellations. After **September 1, 2010**, no refunds will be issued. Cancellation notification must be in writing; Email Meghan Wozniak-Adams at [Mwozniak@cmc-associates.com](mailto:Mwozniak@cmc-associates.com) . No refunds will be issued to those who register but do not attend.

**FOR QUESTIONS OR CONCERNS PLEASE CONTACT CMC & ASSOCIATES @ 888-320-6129**