

24th Annual Kids Are Worth It!® Conference

September 1st - September 24th, 2020

Registration Form

If more than one person from an agency is registering, please use separate forms for each person.

All DCBS registrants are processed through internal DCBS channels.

By completing and submitting this form, you acknowledge you have read and agree to the cancellation policy included in this brochure (also found at www.pcaky.org).

First and Last Name (Please print clearly above)

Agency/Organization

Mailing Address

City, State, ZIP

County of work

Phone

Email

Occupation?

- Legal
- Mental Health
- Law Enforcement
- Community Social Service Provider
- Medical
- Education
- Child Care
- DCBS
- Faith Based
- Advocate
- FRYSC
- Other

Conference Selections

Please select which events you will be attending. Full Conference registration allows you to attend one workshop during each time slot, both keynotes and the fireside chat.

You may also purchase individual options which include single admission into workshops, keynotes or the fireside chat. Refer to page 17 for options and costs.

Series A

10:00 - 11:00 am - September 1

A1 ____ **A2** ____

Series B

1:30 - 2:30 pm - September 3

B1 ____ **B2** ____

Series C

1:30 - 2:30 pm - September 10

C1 ____ **C2** ____

Series D

10:00 - 11:00 am - September 15

D1 ____ **D2** ____

Series E

1:30 - 2:30 pm - September 17

E1 ____ **E2** ____

Series F

10:00 - 11:00 am - September 22

F1 ____ **F2** ____

Series G

1:30 - 2:30 pm - September 24

G1 ____ **G2** ____

Keynote Speakers

Dr. Melissa Merrick

10:00 - 11:30 pm - September 8

YES **NO**

Associate Commissioner Jerry Milner

12:00 - 1:00 pm - September 14

YES **NO**

Fireside Chat

2:00 - 3:30 pm - August 31

YES **NO**

Payment Information:

See pricing on page 17

- Check (payable to PCAK)
- Purchase Order
- Visa
- MasterCard
- American Express

If paying by check, please indicate the amount enclosed:

If paying by Purchase Order, include number:

Credit Card Number

Expiration Date

Amount to be charged

Cardholder Name

Cardholder Signature

Billing Zip Code