

# REGISTRATION FORM

Fill out this form or register online. If more than one person from an agency is registering, please use separate forms for each person.

All DCBS registrations are processed through internal DCBS channels. By completing and submitting this form, you indicate you have read and agree to the cancellation policy included in this brochure. Please see FAQ item 2 for more information.

## DIETARY NEEDS

- Vegetarian
- Gluten Free
- Vegan
- Allergy

## ABOUT YOU

Name:

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Organization:

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Mailing address:

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County (counties) of work:

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Phone:

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Email:

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T-shirt Size (S- 3XL)

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- Early Bird- \$275
- Partner in Prevention- \$265
- FRYSC- \$265
- Group (5-9 individuals)- \$255
- Group (10-19 individuals)- \$245

TOTAL: \_\_\_\_\_

## OCCUPATION

- Advocate
- Child Care
- DCBS
- Education
- Faith-based
- FRYSC
- Law Enforcement
- Legal
- Medical
- Mental Health
- Public Health

## CEUS NEEDED

- Professional Counselors
- CADAC
- FRYSC
- CLE
- SWK
- Peer Specialist
- Nursing
- HANDS
- Psychology
- DCBS
- KY Dept. of Edu

## WORKSHOPS

Please choose two workshops from each series (ex: A1- A7), ranking your 1st and 2nd choice in the corresponding box. You will be registering for 7 total workshops.

- |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | <input type="checkbox"/> A3 | <input type="checkbox"/> A4 | <input type="checkbox"/> A5 | <input type="checkbox"/> A6 | <input type="checkbox"/> A7 |
| <input type="checkbox"/> B1 | <input type="checkbox"/> B2 | <input type="checkbox"/> B3 | <input type="checkbox"/> B4 | <input type="checkbox"/> B5 | <input type="checkbox"/> B6 | <input type="checkbox"/> B7 |
| <input type="checkbox"/> C1 | <input type="checkbox"/> C2 | <input type="checkbox"/> C3 | <input type="checkbox"/> C4 | <input type="checkbox"/> C5 | <input type="checkbox"/> C6 | <input type="checkbox"/> C7 |
| <input type="checkbox"/> D1 | <input type="checkbox"/> D2 | <input type="checkbox"/> D3 | <input type="checkbox"/> D4 | <input type="checkbox"/> D5 | <input type="checkbox"/> D6 | <input type="checkbox"/> D7 |
| <input type="checkbox"/> E1 | <input type="checkbox"/> E2 | <input type="checkbox"/> E3 | <input type="checkbox"/> E4 | <input type="checkbox"/> E5 | <input type="checkbox"/> E6 | <input type="checkbox"/> E7 |
| <input type="checkbox"/> F1 | <input type="checkbox"/> F2 | <input type="checkbox"/> F3 | <input type="checkbox"/> F4 | <input type="checkbox"/> F5 | <input type="checkbox"/> F6 | <input type="checkbox"/> F7 |
| <input type="checkbox"/> G1 | <input type="checkbox"/> G2 | <input type="checkbox"/> G3 | <input type="checkbox"/> G4 | <input type="checkbox"/> G5 | <input type="checkbox"/> G6 | <input type="checkbox"/> G7 |

## PAYMENT

Choose your payment method from the list below:

- Check (payable to PCAK)
- Purchase order
- Credit Card (a link will be emailed for payment)