

**2019 ARKANSAS CONFERENCE ON CHILD ABUSE AND NEGLECT
REGISTRATION FORM**

October 9 -11, 2019

Please fill out every section of this form

Submit form by fax: (501)296-1927, email: accan@midsouth.ualr.edu, or

mail: UALR MidSOUTH, Attn: Robin Wilson, 415 N. McKinley St., Suite 900, Little Rock, AR 72205

Last Name: _____ **First Name:** _____ **MI:** _____

Organization: _____

Title: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: (____) _____ **Cell Phone:** (____) _____

Email: _____

If you have a disability or special need, please let us know what accommodations are needed in order for you to participate. _____

SECTION II: CONFERENCE FEES

Conference Registration \$190 Early Registration before September 9, 2019
 \$2 \$220 Registration after September 9, 2019
 \$160 per person when 5 or more people from
 the same organization register at the same time
 \$75 Student Registration
 \$110 One-Day Registration
 \$240 Day of Conference Registration

Total Amount Due: \$ _____ **Total Amount Enclosed:** \$ _____

Payment can be made by check, money order, credit card, or agency purchase order. Payment is due with registration form. Checks can be made out to MidSOUTH/UALR. Only Visa and MasterCard will be accepted.

Credit Card Payment Process:

Name as it appears on card _____

Card Number _____ **3-Digit Security Number** _____

Expiration Date _____ / _____ **Card Holder's Signature** _____

Card type: Visa MasterCard

Agency Purchase Order Number: _____

My Agency should be billed for my registration. Please designate billing address

if different from above: _____

*No refunds will be given for cancellations made after October 1, 2019.
Registration fees may be transferred to another individual with no charge.*