

**EVERY STEP OF THE WAY:  
SAFETY FOR CHILDREN LIVING WITH DOMESTIC VIOLENCE  
April 9-10, 2008**

**CONFERENCE REGISTRATION**

(Please print or type legibly as this information will be used for your name tag.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Supervisor Signature (required for DHS staff and private agency foster care staff): \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_ Special Needs: \_\_\_\_\_

I will be attending:  Day 1 (April 9)  Day 2 (April 10)  Both Days

I will be applying for Social Work CEUs License Number (required): \_\_\_\_\_

I will be applying for MCOLES credit MCOLES #: \_\_\_\_\_

**Please circle the workshop in each session that would like to attend.**

**Workshop Session A (April 9, 2008, 3:00-4:30)**

A1   A2   A3   A4   A5   A6   A7   A8

**Workshop Session B (April 10, 2008, 10:30-12:00)**

B1   B2   B3   B4   B5   B6   B7   B8

**Workshop Session C (April 10, 2008, 1:00-2:30)**

C1   C2   C3   C4   C5   C6   C7   C8

**Return completed registration form by March 26, 2008 to: Deborah Jensen, Children's Charter, 324 N. Pine St., #1, Lansing, MI 48933, Fax: 517.482.2626, [deborahjensen@childcrt.org](mailto:deborahjensen@childcrt.org).**

For further information or if you require handicap access to facilities or special assistance at the conference, please contact Deborah Jensen at 517.482.7533 or via email at [deborahjensen@childcrt.org](mailto:deborahjensen@childcrt.org).