

**24TH ANNUAL REGIONAL CHILD ANALYSIS CONFERENCE
SEPTEMBER 26, 2009**

REGISTRATION FORM

NAME: _____ DEGREE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

_____ I do plan to attend the dinner at Roy Aruffo's home on Friday, September 25, 2009. The cost of the dinner is \$20.00 per person.
If yes, number of attendees _____

_____ I do plan to attend the Conference on Saturday, September 26, 2009. The registration fee of \$50 per person includes a continental breakfast, lunch, and 5 CME or .5 CEU Credit.

_____ I do plan to attend the dinner at Hugo's Restaurant on Saturday, September 26, 2009. The cost of the dinner is \$48 per person.
If yes, number of attendees _____

Do you desire Continuing Education Credits for the Conference? YES NO

To register for the conference, send this form and a check payable to The New School in the Heights, 403 Heights Blvd., Houston, TX 77007. Our email address is nsh2005@sbcglobal.net.

AMOUNT ENCLOSED FOR CONFERENCE

Conference Fee \$50 per person x # of people \$ _____

Friday Night Dinner \$20 per person x # of people \$ _____

Saturday Night Dinner \$48 per person x # of people \$ _____

TOTAL DUE \$ _____