



Children in Crisis Conference Registration Form

All fields are required unless otherwise indicated

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: (_____) _____

Employer: _____

Number Attending: _____

Break Out Sessions

Below are three break out sessions from which each participant must choose. Because of the large number of participants expected, sessions may fill up quickly. Please indicate your first, second and third choices.

- Session 1: Health Challenges Confronting Children
- Session 2: Educational Challenges Confronting Children
- Session 3: Child Maltreatment

Name of Attendee	Session Preferences: first, second and third choice

