

CONFERENCE REGISTRATION

(Online Registration is also available at www.pcaain.org)

Registrant's Name: _____

Registrant's Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Fax: _____

E-mail Address: _____ @ _____

Breakout Workshops: (*check one workshop in each column*)

10:30-12:00	1:30-3:00	3:30-5:00
A-1 FULL	_____ B-1	_____ C-1
_____ A-2	_____ B-2	_____ C-2
_____ A-3	B-3 FULL	

Conference Fee : (*Breakfast & Lunch Included*)

_____ \$80 **Non-Member Rate**

_____ \$35 **Member Rate** _____ PCAI Member _____ PCAI Council Member

_____ \$10 **Full Time Student Rate** (*provide proof of studentship with registration*)

_____ \$ 0 **Villages Foster Parent/Villages Staff**

Membership Fee: We invite you to take this opportunity to become a member and enjoy a full year of benefits, starting with a discount on this special event. For more information, see our website www.pcaain.org or call 317.542.7002.

_____ \$ 40 **Individual Membership**

_____ \$175 **Organizations** with an annual budget of less than \$1 million

_____ \$250 **Organizations** with an annual budget greater than \$1 million

Total: \$ _____



Payment will be made by the following person or organization:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Payment Type: **Check #** _____ **Credit Card:** Mastercard Visa Discover

Credit Card Number: _____ **Expiration Date** _____

Name on Card: _____ **Zip Code** _____

PLEASE FILL OUT FORM COMPLETELY — ONE REGISTRATION FORM PER PERSON
FAX TO 317.542.7003 OR MAIL TO: PCAIN, 9130 OTIS AVENUE, INDIANAPOLIS, IN 46216
REGISTER EARLY AS WORKSHOPS ARE SPACE-LIMITED • REGISTRATION DEADLINE – MARCH 23rd
REGISTRATION CONFIRMATION WILL BE EMAILED OR FAXED
IF YOU DO NOT RECEIVE A CONFIRMATION BY MARCH 23rd — PLEASE CALL 317.542.7002