



Seminar Registration Form
Eighteenth Annual Western States Sexual Assault Seminar
September 1st – 3rd, 2010 Las Vegas, NV

One Form Per Person
PLEASE TYPE OR PRINT CLEARLY

Name: _____ Title/Position: _____

Agency: _____

Mailing Address: _____

City/State/Zip Code: _____

Work Phone: () _____ Home Phone: () _____ Fax: () _____

E-Mail Address: _____

(Please print clearly)

REGISTRATION (Check One)

Registration Fee For All Days..... \$200.00

One Day Registration

Wednesday..... \$75.00

Thursday..... \$75.00

Friday..... \$50.00

Total Amount Due.....\$ _____

Upon receipt of registration, a confirmation and agenda will be E-Mailed

All registration forms must be accompanied by a check or money order in the full amount, made payable to **FRIENDS OF METRO** and must be **received no later than August 17th, 2010**. Please mail to:

Southern Nevada Children's Assessment Center
Attention: Bill Green
701 N. Pecos Road, Bldg. K-1
Las Vegas, NV 89101
(702) 455-5371

WHO SHOULD ATTEND?

- District Attorneys and Related Staff
- Law Enforcement Personnel
- Children's Protective Services Staff
- Victim/Witness Advocates
- Judicial Staff
- Mental Health Professionals
- Medical Professionals
- Directors & Staff of Multi-Disciplinary Teams
- Others Interested in the Multi-Disciplinary Team Approach to Child Abuse

CEU'S:

- Marriage & Family Therapists (NV)
- Social Workers (NV)
- Nursing (NV)
- POST (NV)
- CLE's (NV)
- Psychology (NV)

(All of the above CEU's are pending)