



Registration Form
Assessing and Managing Cases of Child Sexual Abuse with Preschool Children
July 23-24, 2009

Name:	
Organization/Company Name:	
Current Professional Position:	
Telephone (Home):	Telephone (Work):
Email:	
Mailing Address (circle one: work or home):	
Education—highest level achieved:	
Clinical licenses held:	

Please check:

- I confirm** that I'm enrolling for the July 23-24, 2009 class on Assessing and Managing Cases of Child Sexual Abuse with Preschool Children (12 clock hours).
Registration fee: \$225
- I understand** that I must purchase the text for this class separately through Amazon.com or another retailer.

If paying with a Purchase Order: Fax this form and the PO to Sara Zettervall at 612-625-2093.

If mailing this form with a check: Make the check payable to the **University of Minnesota** and mail to:

Sara Zettervall
 University of Minnesota CEED
 56 East River Road
 360 Education Sciences Bldg
 Minneapolis, MN 55455

You will receive an email confirmation when your registration is complete. If you have questions, contact Sara Zettervall at sarazet@umn.edu or 612-625-2252.