

Registration Form



Don't be an April Fool; register by Tuesday, March 31 and save!

Mail completed form and payment to:
Kesselman-Jones, Inc. (H2T13) • PO Box 30182 • Albuquerque, NM 87190
Registrations, only if accompanied by purchase order or credit card information,
may be faxed to (505) 266-3461.

Please PRINT

Name _____

Title _____ Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail* _____

**By providing your e-mail address, you grant Kesselman-Jones, Inc. permission to contact you via e-mail regarding your conference participation.*

Please select the category which best describes your profession:
 Nurse Social Worker Counselor Educator
 Administrator Student Program Coordinator
 Other _____

MEALS

- Please check here if you require a vegetarian meal.
- Please check here if you require a vegan meal.
- Please check here if you have a severe food allergy.
- Describe: _____

FEES • Please check the attendance options that apply

PRECONFERENCE (You can only select one)	Before 3/31	After 3/31
<input type="checkbox"/> #PC1: H.A.N.D.S. SM Training	\$25	\$35
<input type="checkbox"/> #PC2: Why Talk Isn't Enough	\$20	\$30
<input type="checkbox"/> #PC3: Girl Drama in the Age of MySpace	\$20	\$30
<input type="checkbox"/> #PC4: No Tooth Left Behind...	\$20	\$30
<input type="checkbox"/> #PC5: Action for Healthy Kids	FREE	FREE
<input type="checkbox"/> #PC6: Drug Trends in New Mexico	\$20	\$30

CONFERENCE	Postmarked on or before 3/31	Postmarked after 3/31
<input type="checkbox"/> Both days, April 15 & 16	\$195	\$250
<input type="checkbox"/> Wednesday only, April 15	\$130	\$175
<input type="checkbox"/> Thursday only, April 16	\$130	\$175

Preconference Fee \$ _____
Registration Fee \$ _____
Purchase order handling fee (\$10) \$ _____
TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT METHOD

- Purchase order (ADD \$10 for each PO)
- Check payable to **Kesselman-Jones, Inc.**
- Credit Card
 ___ Visa ___ MasterCard ___ American Express

Card Number _____ Expires _____

Name on Card _____ Billing Zip Code _____

Signature _____

Register Online!

It's fast, safe and easy and you'll receive your confirmation immediately!

Credit cards, checks and purchase orders accepted.

Go to www.kessjones.com.

THE FOLLOWING SECTION MUST BE COMPLETED TO PROCESS YOUR REGISTRATION

CONCURRENT WORKSHOP SELECTIONS

To ensure the best learning environment possible, it is important that you inform us as to which workshop you will be attending so we can assign appropriate-sized rooms. We will also be preparing a customized agenda for you from this information. You may change your mind at the conference; conversely, you are not guaranteed a seat in your sessions of choice.

Each workshop has been assigned a number. Indicate which session would be your first choice in each time slot by filling in the corresponding number below.

Wednesday, April 15

11:00 – 12:15 pm

Select from sessions 1 – 12: _____

1:30 – 2:45 pm

Select from sessions 13 – 24: _____

3:15 – 4:30 pm

Select from sessions 25 – 36: _____

Thursday, April 16

8:00 – 9:15 am

Select from sessions 37 – 47: _____

9:35 – 10:50 am

Select from sessions 48 – 58: _____

2:00 – 3:30 pm

Select from sessions 59 – 67: _____

THURSDAY LUNCH SELECTION

- I will be attending the NM Alliance on School-Based Health Care Lunch Meeting.
- I will be attending the general attendance networking lunch.
- I will not be attending lunch.

For office use only

Date received _____

Check/PO number/Charge process date _____

Amount _____