

2011 Defendant/Offender Workforce Development (DOWD) Regional Conference



"Scope of Practice" August 16 – 18th, 2011 Registration Form

Name: _____ Organization: _____

Job Title: _____ E-mail: _____

Address: _____

Phone # _____ Org. Website _____

Continental breakfast and afternoon snacks will be provided each day; lunch will be served on the last day. Please note any dietary restrictions below:

Conference registration must be accompanied by a \$50.00 non refundable registration fee. Registration deadline is **June 24, 2011**. We will not accept registration and/or payment at the door.

Please send this completed form and payment to:

AAHAA Sober Living
C/O Mark Hampton, CPTS/DOWD
1402 Auburn Way North
Auburn, WA 98002

Check Money Order, Check or Money Order Number: _____

Please denote CPTS/DOWD on your payment on the memo line of the check or money order.

I am registering to participate in the 2011 DOWD Regional Conference from August 16, 2011 to August 18, 2011. My completed registration is accompanied by my \$50.00 payment. I understand the registration fee is **non-refundable** if I cancel my participation in this event.

Please check this box if you permit and authorize the use of your photograph or other likeness for the purposes of various media, including video presentations, mailers, brochures, and websites.

Signature Date

Please complete the form and either fax a copy to Ana Johnson at 206.370.8951
or email it to Analiese_Johnson@wawp.uscourts.gov.
Once payment is received by AAHAA Sober Living, a confirmation of registration will be sent to you.