

2019 Fall Conference Registration Form

Register and pay online at: <http://www.coafcc.org> or mail this registration form and your check to:
 April Freier, 4307 W 6th Street, Greeley, CO 80634. Make checks payable to COAFCC.

Check the box that applies to you:

	<u>EXTRA Early Bird!!</u> Pay (postmark) by 8/30/19	<u>Early Bird</u> Pay (postmark) by 9/13/19	<u>Regular Rate</u> Pay (postmark) after 9/13/19
COAFCC Member	\$300.00 <input type="checkbox"/>	\$325.00 <input type="checkbox"/>	\$375.00 <input type="checkbox"/>
Nonmember	<i>Go to afccnet.org and join AFCC/COAFCC to get member rates!</i>	\$350.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>

Registration rates are discounted 25% for graduate students, law students, CASA volunteers, Court staff, and legal and mental health professionals in practice three years or less.

COAFCC Members Eligible for Discount	\$225.00 <input type="checkbox"/>	\$243.75 <input type="checkbox"/>	\$281.25 <input type="checkbox"/>
Non-member Eligible for Discount	<i>Go to afccnet.org and join AFCC/COAFCC to get member rates!</i>	\$262.50 <input type="checkbox"/>	\$300.00 <input type="checkbox"/>

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (please print clearly):

Phone: _____

Total Amount Paid: \$ _____

Please check no more than two boxes that best describe you:

- Judicial Officer
- Psychologist
- Lawyer
- Court Personnel
- Mediator
- CFI/PRE
- Mental Health Professional
- Student
- Therapist
- Parent Educator