

**33rd ANNUAL CONVENING OF CRISIS INTERVENTION PERSONNEL
CONTACT USA CONFERENCE and LIFELINE INTERNATIONAL
May 7, 8, 9, 10, 2009**

PRE-REGISTRATION

Please Print Clearly:

Check the box if attending

Name	V	P	A	Thurs. Reception	Friday Breakfast	Friday Reception	Saturday Breakfast	Saturday Banquet	Sunday Breakfast
1. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(V)olunteer (P)rofessional (A)dministrator

(If additional space is needed, please attach a separate sheet)

Acknowledgment of Registration by e-mail will be sent to individual, group, or agency (Please Print):

Name: _____ Phone () _____

Address _____ City, State _____ Zip _____

E-Mail address _____ @ _____

REGISTRATION FEES

Individual Pre-Registration:	Prior to 3/30/09	After 3/30/09
<input type="checkbox"/> Thursday through Sunday	\$350.00	\$395.00
<input type="checkbox"/> Friday afternoon through Sunday	\$175.00	\$225.00
	<i>Individual Fee(s)</i>	\$ _____

DISCOUNT REGISTRATION FEES FOR GROUPS OF 4 OR MORE*
(Special Group Rates Available until 3/30/09 -- Pre-Registration Only)

# of Delegates	Registration Fee		# of Delegates	Registration Fee	
	Thurs - Sun	Fri - Sun		Thurs- Sun	Fri - Sun
4	\$1300.00	\$ 600.00	9	\$2925.00	\$1350.00
5	\$1625.00	\$ 750.00	10	\$3250.00	\$1500.00
6	\$1950.00	\$ 900.00	11	\$3575.00	\$1650.00
7	\$2275.00	\$1050.00	12	\$3900.00	\$1800.00
8	\$2600.00	\$1200.00	13	\$4225.00	<u>\$1950.00</u>

For groups of 14 or more, please call CONVENING

Group Fee Total \$ _____

If you are not registering for Thurs-Fri but wish to attend the ASIST workshop and/or the Saturday night Banquet, there is a \$100 fee for each event. Please check the appropriate box(es) on the registration form and include appropriate payment.

Extra Events \$ _____

Please make all checks payable to: CONVENING

CONTINUING EDUCATION: Information regarding registration for CEUs will be available at the Registration Desk at the time of Convening. It is anticipated that there will be a \$25.00 fee for administering the credits. Do not enclose CEU fee with this registration.

*Presenters whose fees have been reduced because they are presenting may not be included in Group Registration and should register separately.

Return to: **CONVENING XXXIII, 312 North Elmwood Avenue, Oak Park, Illinois 60302.**
For your convenience, our FAX number is (708) 383-5803 *51 between 9:00 a.m and 9:00 p.m. CST.

SESSION SELECTION FORM

Please indicate your first, second, and third preference for each block of presentations by placing the letter of the session next to your preference. First preferences will be assigned whenever possible. Sessions are filled on a first come, first serve basis. The CONVENING program available at the time of the conference will indicate the sessions to which you have been assigned. Presenters are also encouraged to indicate their preferences for presentations they would like to attend. For those who might wish to change assigned sessions, opportunities will be provided throughout the conference (Please feel free to duplicate this form for additional registrations.)

How to mark the Session Selection form:

Session I	Session II
1 st <u> E </u>	1 st <u> C </u>
2 nd <u> A </u>	2 nd <u> B </u>
3 rd <u> F </u>	3 rd <u> D </u>

Name _____ - Primary Presenter Additional Presenter

Session I	Session II	Session III	Session IV	Session VI	Session VII	Session VIII	Session IX	Session X	Session XI	Session XII
1 st _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Enroll me in the ASIST program

Name _____ - Primary Presenter Additional Presenter

Session I	Session II	Session III	Session IV	Session VI	Session VII	Session VIII	Session IX	Session X	Session XI	Session XII
1 st _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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1 st _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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1 st _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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1 st _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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2 nd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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1 st _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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