

Transforming Trauma *Navigating Amidst Overwhelming Times*

Saturday, May 4 | 8AM-2:30PM | BMU Auditorium | CSU, Chico

Registration Form

Please complete this form and return to the Continuing Education office by mail to the address below. If you would like to fax in your registration form, send to 530-898-4020. *Please do not include your credit card number when faxing, RCE will contact you for it when your fax is received.*

Payment Information:

Individual Registrations: Qty. _____ @ \$15 = \$ _____

Payment Method: VISA MasterCard Check payable to: CSU, Chico Research Foundation Purchase Order (Please mail or fax. Info below.)

Card Number: _____

Card Expiration (Month & Year) _____ 3-Digit Security Code: _____ Name on Card: _____

Billing Address if Different from Above: _____

Signature: _____ Date: _____

Profession of Attendees: *This will help us plan for our breakout discussions.

Educator Nurse or Physician Social Worker First Responder Psychologist Public Health Worker Counselor / Therapist Other (Please state): _____

Attendees:

#1: Last _____ First _____ Organization: _____

Phone: (_____) _____ - _____ Email _____

Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#2: Last _____ First _____ Organization: _____

Phone: (_____) _____ - _____ Email _____

Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#3: Last _____ First _____ Organization: _____

Phone: (_____) _____ - _____ Email _____

Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#4: Last _____ First _____ Organization: _____
Phone: (_____) _____ - _____ Email _____
Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#5: Last _____ First _____ Organization: _____
Phone: (_____) _____ - _____ Email _____
Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#6: Last _____ First _____ Organization: _____
Phone: (_____) _____ - _____ Email _____
Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#7: Last _____ First _____ Organization: _____
Phone: (_____) _____ - _____ Email _____
Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#8: Last _____ First _____ Organization: _____
Phone: (_____) _____ - _____ Email _____
Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#9: Last _____ First _____ Organization: _____
Phone: (_____) _____ - _____ Email _____
Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus

#10: Last _____ First _____ Organization: _____
Phone: (_____) _____ - _____ Email _____
Participating in Profession-specific Breakout Session? Yes No If yes, please select the type of wrap you'd like for lunch: Turkey BBQ Roast Beef Vegetarian w/ Hummus