

CCA Conference Registration Form

Friday, May 1, 2009 at the Rocky Hill Marriott, Rocky Hill

Please mail by April 17, 2009

Please **PRINT** all information and use one form per person

Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____
Social Security # _____ Telephone (____) _____

(only for CT Dept of Ed. CEU's)

If you have recently changed your name or address, please indicate your former name or address here _____

1. Are you a member of CCA? Yes _____ No* _____
2. If **yes**, please circle your primary Division
CACES CCCDA CCUCA CMHCA
3. Do you wish to earn
CT CEU credits Yes _____ No _____
NBCC credits Yes _____ No _____
CT LPC Yes _____ No _____

WORKSHOP and LUNCHEON CHOICES

MORNING Please circle **one, 2-hour workshop OR two, 1-hour workshops OR 1 CACES workshop**

2-Hour Workshop First Choice: A B C Second Choice: A B C

OR

1-Hour Workshops First Choice: 1 2 3 4 **and** 5 6 7 8

Second Choice: 1 2 3 4 **and** 5 6 7 8

AFTERNOON Please circle **one, 1- hour workshop AND one, 1 ¼ hour workshop OR 1 CACES workshop**

1-Hour Workshop First Choice: 9 10 11 12 13 14 15 16 17 Second Choice: 9 10 11 12 13 14 15 16 17

AND

1 ¼ Hour Workshop First Choice: I II III IV V VI VII VIII IX Second Choice: I II III IV V VI VII VIII IX

CACES Clinical Training Workshops Morning Session _____ Afternoon Session _____

(Please choose other conference workshops above during times you are not in CACES training.)

LUNCH: _____Lemon Thyme Chicken _____Red Pepper Tortellini _____Caesar Salad w/Chicken

Please note: Workshop choices are assigned on a date of registration basis. Registrations postmarked after **April 17th** and all on-site registrations will be charged an additional \$10.00 fee. Purchase order payments must be postmarked by **April 17th**. **No Refunds after April 29th and payment sent to Ernest Lehman at the address below.**

If you have special needs and require an accommodation, please notify us by April 1st.

Registration: (Includes continental breakfast and lunch)

CCA Member	\$110.00
Non-Member	\$140.00*
Retiree	\$75.00
Student Member	\$50.00**
Student Non-Member	\$75.00

Mail registration form by April 17th to:

**Ernest Lehman
34 Middleton Drive
New Fairfield, CT 06812**

**** Scholarships are available.** Contact Marie McCain for more information at (860) 486-0127

***Non-members may join now at a special conference rate of \$160. Call Nina Malinak 1-888-818-1110**