

**Early Registration Deadline:  
February 19, 2010**

**7th Annual Midwest Care & Treatment  
Education Conference**

**March 7-9, 2010 ♦ Cragun's - Brainerd, MN**

# MW Care & Treatment Conference Registration

**PLEASE submit one registration form per participant (make copies if needed).  
Online registration available at [www.behavioralinstitute.org](http://www.behavioralinstitute.org)**

Name (please print) \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_  Home  Work

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ COUNTRY \_\_\_\_\_

Phone (home) \_\_\_\_\_ (office) \_\_\_\_\_

E-mail \_\_\_\_\_

### REGISTRATION OPTIONS

**Pre-Conference Workshop (Sunday 2:00 - 5:00 p.m.)** \$30

*READING* OR

*BEHAVIOR*

**Conference (Monday - Tuesday)**

Early Registration Rate (must be postmarked or faxed by Feb. 19, 2010) \$125

Regular Registration Rate \$145

Group Rate (5 or more registrations - must be sent/paid together) \$100 ea.

*Group names (please submit a separate registration form for each conference attendee):* \_\_\_\_\_

**REFUND POLICY:**  
All refunds will be subject to a 20% handling charge. If you are unable to attend, submit notice in writing. NO refund requests received after Feb. 19, 2010 will be honored.

Presenter/Professional Member \$100

\_\_\_\_ Presenter

\_\_\_\_ Professional Member (circle one) CCBD CEA MSPA

*Membership number:* \_\_\_\_\_

**Please indicate any special needs or notes:** \_\_\_\_\_

### LODGING

**Lodging and meals are reserved directly with Cragun's Resort and Conference Center.**

Please complete the Cragun's Lodging Reservation included with this packet and return it directly to Cragun's.

### PAYMENT OPTIONS

**USA Funds only please; Payable to Behavioral Institute for Children and Adolescents (Fed ID #41-1703237)**

Check enclosed: amt. \$ \_\_\_\_\_ check # \_\_\_\_\_  personal or  agency

Purchase order enclosed: amt. \$ \_\_\_\_\_ PO # \_\_\_\_\_

Credit/Debit Card  VISA  MasterCard  Discover  AMEX

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ CVV - 3 (or 4 for AMEX) digit verification code: \_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**Return to: PLEASE NOTE OUR NEW ADDRESS** - Behavioral Institute for Children and Adolescents, 1711 W County Rd B, Suite 110S, Roseville, MN, 55113 (phone) 651-484-5510, (fax) 651-483-3879, (e-mail) [info@behavioralinstitute.org](mailto:info@behavioralinstitute.org)