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THE BIVONA SUMMIT ON CHILD ABUSE

Thursday, April 29, 2010

Rochester Plaza Hotel & Conference Center

70 State Street, Rochester, New York

7:15 a.m.- 8:15 a.m. Registration; 8:30 a.m.- 4:00 p.m. Summit

Name _____ Title _____

Employer _____

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Did you attend last year's Summit on Child Abuse? Yes No

Registration Fees:

No registrations accepted after Monday, 4/19/10

Group Rate for a group of 4 or more from same employer, received together with payment \$65/per person _____

Early Registration received on or before 3/22/10 \$75/per person _____

Regular Registration received on or after 3/23/10 \$95/per person _____

Total: \$ _____

Payment Method:

Registration will not be confirmed until receipt of payment. No registrations accepted after Monday, 4/19/10.

Check (payable to Bivona Child Advocacy Center)

Visa MasterCard Discover American Express

Card # _____ Expiration _____ CVV Code _____ Billing Zip Code _____

Name on Card _____ Signature _____

Cancellation policy: Requests for refunds must be received in writing no later than Monday, April 19, 2010. A service fee of \$25 will be charged for all cancellations received by April 19, 2010. Refunds will not be made for cancellations requested or postmarked after April 19, 2010 or for participants who register but do not attend. No exception to this policy can be considered as our funds are fully committed to the production of the Summit. All refunds will be mailed after the conclusion of the Summit.

Mail completed form with payment to:

Summit 2010 Registration
Bivona Child Advocacy Center
275 Lake Avenue
Rochester, NY 14608

Fax completed form with credit card information by
Monday, April 19, 2010 to (585) 935-7804

Register **Online** at www.BivonaSummit.org

Questions? Please call Lindsay Bureaux at (585) 935-7838 or email: lbureaux@BivonaCAC.org