



2017 Changing the Paradigm Conference

"Social and Historical Trauma"

March 15 & 16, 2017

Group Registration Form

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Rate: Groups are three or more persons. \$275 for first registration, \$200 for each additional one

Group Information: Please provide full names of each person in the group, including the Contact person named above if they are attending. Also, if your group is purchasing CEUs (\$40 each) please include each person's BBS license number.

Table with 6 columns: Name, Email, Lic#, if applicable, Fee, CEU, Total. Includes a Total row at the bottom right.

Payment: Payment must be received by March 7, 2017 unless other arrangements have been made. Invoices or receipts available upon request. If you have already submitted payment online, please indicate this under "Other".

Check payable to Echo Parenting & Education. Enclosed Being mailed at a later date

Credit Card payments can be taken over the phone or on our website.

Other: \_\_\_\_\_

Please return this form one of the following ways:

Email - conference@echoparenting.org

Fax - (213) 484-6646

Mail - PO Box 26938, Los Angeles, CA 90026

If you have any questions call us at: (213) 484-6676 or email conference@echoparenting.org.