



18th National Child Support Enforcement Training Conference

Beyond the Bench

August 25-27, 2008

To ensure proper registration, please print clearly and fill out completely.

Name:		
Name on Name Badge:		
Title/Division/Department:		
Address:		
City/State/Zip:		
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Professional Type: (Please Select C	Dne) State Private	Tribal Federal Other: Please Specify:
Position: (Please Select One)		Line Worker Trainer Attorney visor/Manager Other: Please Specify:
Special Meals: (Please Select One)	Uegetaria	irian
Special Needs: (Be Specific, e.g., Sig	yn Language Interpreter)	
Registration Fee: \$225 Payment Method: (Please Select (☐ Visa* ☐ Check E	can Express* Asser Card* Purchase Order** Enclosed*** PO# Please Explain*
*Please complete this section if you have chosen a credit card as your payment type.	Credit Card Number:	: 3 digit code
	Expiration Date:	
	Name as it appears on card: Address, City, State & Zip as it appears on card:	
	(Please mail or fax a cop	e and include Westover Consultants, Inc., as the payee. opy of the Purchase Order) and made payable to Westover Consultants, Inc.
FAX to: (301) 652-5935 Contact Person: Sandra Phone: (301) 657-5832		MAIL to: OCSE/Sandra Thompson Westover Consultants, Inc. 4340 East-West Hwy, Suite 900 Bethesda, MD 20814

Note: The on-line registration cut off date is **Tuesday, August 12, 2008**. Please make sure you register on or before this date. **CANCELLATION:** Written cancellations made on or before **Friday, August 15, 2008** will be refunded in full. After that date, no refunds will be granted for cancellations or for registrants who fail to attend. Substitutions are welcome at any time. Confirmation of your registration will be mailed within 4 business days of receipt of this form.