

VRW 2010 Registration Form

23rd Annual Victims' Rights Week Conference

FULL CONFERENCE REGISTRATION:

- For registrations postmarked on or before April 15, 2010: \$225 or COST PER DAY \$125
- For registrations postmarked after April 15, 2010: \$250 or COST PER DAY \$150

Name(first): _____ (last): _____

Organization (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone : _____ Fax: _____

Email: _____

***If you would like us to send you an email confirming that we received all proper documents, please make sure to include your email address.**

Are you a first time attendee? YES NO

How many years have you been a victims advocate? _____

Will you attend: entire conference **OR** please check the days that you will attend:

Wednesday, April 28 Thursday, April 29 Friday, April 30

I am enclosing a check / money order for \$ _____

YES, I would like to be a member of SCVAN

(there is no extra charge if you are registering for the entire conference).

Please mail this form with payment to:

SCVAN/VRW 2010
113 Executive Pointe Blvd., Suite 201
Columbia, SC 29210

Full and partial scholarships are available for victims
Call 1-888-TLC-1900 or visit www.scvan.org
for an application