



REGISTRATION FORM

**2009 Tools for Today and Tomorrow Conference
for Families and Professionals Caring for Children
with Chronic Illnesses and/or Disabilities**

**Friday, October 23, 2009 8:30am-3:30pm
Cleveland State University
Cole Center for Continuing Education
3100 Chester Avenue, Cleveland, OH**

**EARLY BIRD REGISTRATION DISCOUNTS
DISCOUNTS FOR GROUPS OF FOUR OR MORE**

How to Register

By mail: Mail form and payment to Linda Kresnye, Program Manager, Ronald McDonald House® of Cleveland,
10415 Euclid Avenue, Cleveland, OH 44106
By phone: Call Linda Kresnye, 216-229-5757, Ext. 126 (VISA, Mastercard, Discover, or American Express required)
By fax: 216-229-0556 (VISA, Mastercard, Discover, American Express, or purchase order required)

Please Print

First and Last Name _____

Address Home Work _____

City _____ **Zip** _____ **Email Address** _____

Day Phone _____ **Evening Phone** _____

I am a: family member: Child's age _____ Child's diagnosis _____
 professional (Your organization): _____

Professional Contact Hours/CEUs Needed (check one box)

Counseling Nursing Social Work Occupational Therapy Psychology Other (specify) _____

Conference Fees: include lunch, parking, and binder(check box)

Early Bird received by September 11: \$80.00; Professional requiring CEUs \$110
After September 11: \$95.00; Professional requiring CEUs \$120

Group Discounts for 4 or more: subtract \$10 from each registration fee. Complete one registration form per person. Forms must be submitted together.

10:30-11:45 am Morning Breakout Session (check one box)

Estate Planning Publicly Funded Resources Special Education Discipline Special Education Law-Selected Topics

12:15-1:00 pm Afternoon Breakout Session I (check one box)

Help Me Grow Medical Home Reiki for Caregivers Siblings Travel Training

1:15-2:00 pm Afternoon Breakout Session II (check one box)

Adolescent-Adult Health Care Transition Family Supports/Respite Ohio Long Term Transition Study Transition to Preschool

Lunch (Check one box) Non-Vegetarian Vegetarian

How did you hear about this conference? Email Flyer TV/Newspaper Family/Friend Coworker

Name of referring organization/group/TV/newspaper, if applicable: _____

Payment

Check payable to: Ronald McDonald House of Cleveland
 Credit Card: VISA MasterCard Discover American Express
Card number _____ Expiration Date: _____
 Purchase Order: Number _____ Fax # of Accts.Payable: _____
Name of Organization _____
Address/City/ Zip _____

Cancellation Policy: Cancellations must be received in writing to lkresnye@clevelandrmh.org by Friday, October 16, 2009. Substitutions are allowed. A \$15 administrative fee will be charged for all cancellations. No refunds will be given after October 16.

Scholarships may be available. Please contact Linda Kresnye, **after September 15**, by phone or email address below.