



EIGHTH ANNUAL
"Turn on the Light"

South Florida Conference on Child Abuse and Neglect

Palm Beach County Convention Center

October 20, 2011



and

The Steinger Kids Foundation

Scholarship Registration

Please only apply for the scholarship if you are volunteer working with children
or if you are employed by a non-profit who works with Families and Children

A limited number of scholarships are available

Scholarship Registration rate is \$45

Name:
Agency/Organization you volunteer with:
Agency/Organization Phone Number:
Home Address:
Phone:
E-mail:

Registration includes Continental Breakfast, Lunch and 3 Workshops

- I would like to apply for the Steinger, Iscoe & Greene Scholarship – CE credits will be provided by The Chrysalis Center and Florida Medical Services both using CE Broker. Licensed professionals who can earn CE Credits are LSCW, LMHC, LMFT, RN, LPN, CNA, ARPN, Clinical Nurse Specialists, Nutrition Counselors, Dietitian/Nutritionists, any type of Respiratory Therapists, Psychologist, School Psychologist, Limited Psychologists and Licensed Midwives.

Registration fees include Convention Center Parking!

Method of Payment:

- Check enclosed (Made payable to The Children’s Healing Institute).

Amount enclosed \$45

You will receive a confirmation e-mail if your scholarship is approved.

Check will not be cashed unless your subsidized scholarship is approved.

- Please charge my Credit card \$45 using the attached form.

You will receive a confirmation e-mail if your scholarship is approved.

approved.

Credit card will not be processed unless your subsidized scholarship is approved.

Mail to: 1199 W Lantana Road; Lantana, Florida 33462

Questions?? Contact Suzan Santosus

ssantosus@childrenshealinginstitute.org





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CREDIT CARD INFORMATION

VISA MasterCard Credit card registration may be faxed to (561) 585-4668 or call (561) 585-1650,
Receipt will be mailed to address listed above.

Credit card # _____ Exp. Date: _____

Signature: _____ TOTAL \$ _____

Print Name _____ Authorization Code _____

Billing street address: _____

City, state, zip code: _____