

## Registration Form: Pre-Institute Intensives and 2009 National Tribal TANF Institute

One registration per form; please copy full form for additional registrations. Registration will be confirmed after form is received. Registration is limited. Please register and make your hotel reservations early.

To submit by **mail**, complete this form (front and back) and mail it to Heather Russell, UC Davis Extension, University of California, Davis, 1632 Da Vinci Court, Davis, CA 95618. To submit by **fax**, complete this form and fax the front and back to (530) 754-8954. To submit by **phone**, call Heather Russell at (530) 754-5225.

### 1. Yes! Please enroll me in:

#### 1. One Pre-Institute Intensive only:

- One Full Day Pre-Institute Intensive / July 20 / \$200.00
  - A. Case Management 101
  - B. Motivational Interviewing: Theory and Practice Section I (Introductory)
  - C. Motivational Interviewing: Theory and Practice Section II (Advanced)
  - D. Healing Our Spirits: The Practice of Extreme Self-Care
  - E. Expanding Your Expertise in Tribal TANF
- One Half Day Pre-Institute Intensive / July 20 / \$100.00
  - F. Collaboration with Community Partners

#### 2. One Pre-Institute Intensive and National Tribal TANF Institute:

- One Full Day Pre-Institute Intensive and National Tribal TANF Institute / July 20 - 23 / \$895.00
  - A. Case Management 101
  - B. Motivational Interviewing: Theory and Practice Section I (Introductory)
  - C. Motivational Interviewing: Theory and Practice Section II (Advanced)
  - D. Healing Our Spirits: The Practice of Extreme Self-Care
  - E. Expanding Your Expertise in Tribal TANF
- One Half Day Pre-Institute Intensive and National Tribal TANF Institute / July 20 - 23 / \$795.00
  - F. Collaboration with Community Partners

#### 3. National Tribal TANF Institute only:

- National Tribal TANF Institute / July 20 - 23 / \$695.00

### 2. Registration Information (please print clearly):

First name	Middle initial	Last name	Mr./Mrs./Ms.
Current position/job title			
Employer			
Work address			
City	State	Zip Code	
( )	( )		
Work phone	Work fax		
( )			
Cell phone	E-mail address		

## 2. Participant Information

Would you like your contact information to be included on the 2009 National Tribal TANF Institute Networking Roster that will be shared with all participants?  Yes  No

Will you require special accommodations during the institute?  Yes  No

If yes, please describe: \_\_\_\_\_.

## 3. Dietary Preferences and Menu Selection

Do you request vegetarian meals?  Yes  No

Do you request vegan meals?  Yes  No

Do you have food allergies?  Yes  No If yes, to what? \_\_\_\_\_.

## 4. 2009 National Tribal TANF Institute Workshop Selections

Please circle your preference for each time period. Refer to workshop descriptions.

### Tuesday, July 21, 2009

9:00 a.m. – 12:00 p.m.      A1    A2    A3    A4    A5    A6    A7

1:30 p.m. – 4:30 p.m.      B1    B2    B3    B4    B5    B6

### Wednesday, July 22, 2009

9:00 a.m. – 12:00 p.m.      C1    C2    C3    C4    C5    C6

1:30 p.m. – 4:30 p.m.      D1    D2    D3    D4    D5

## 5. Payment information:

Enclosed is a check payable to **UC Regents**.

Enclosed is a company purchase order. (A complete enrollment form or all information requested on the enrollment form must be included with purchase orders.)

Please charge my registration fee to the following credit card:

Visa

MasterCard

American Express

Discover

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Name of cardholder	Account number	Expires
<b>Credit card verification number</b> (The CCV is the last three digits of the number printed on the back of the card; however, for American Express, it is the last four digits of the number printed on the front of the card.)		

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### Authorized signature

For security purposes we can no longer accept credit card payments via fax. If you would like to fax in your registration form please note that you would like to pay by credit card here and someone will contact you shortly to obtain your payment information.

### Refund policy

Refunds, less a \$30.00 processing fee, will be granted if the request is received seven calendar days before the course begins. At that time, you can also discuss transferring your enrollment to another program or sending a substitute. Requests for withdrawals or refunds may be made by phone, fax or in writing. Please include the participant's name, course title and dates. For information about other alternatives, please call Heather Russell at (530) 754-5225 or e-mail [hrussell@ucde.ucdavis.edu](mailto:hrussell@ucde.ucdavis.edu).