

CEU Professional Training Registration Form

Titles: Legal Rights of Minors in Texas

Date: April 11, 2008: 9:00am-Noon University Health Systems/Family Justice Center
Foundation Room, 3rd Floor (Elevator B), 527 North Leona, San Antonio, Texas 78207

Fax Registration Forms to: 210 521-7278

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

E-Mail: _____

Employer: _____

Method of Payment and Payment Amount

Make Checks Payable To: The Rape Crisis Center

Mail Registration To: The Rape Crisis Center
7500 West U S Highway 90 #201
San Antonio, Texas 78227

Please Circle: VISA American Express MasterCard Discover Check Cash

Card Number: _____ Expiration Date: _____

Card Verification Number: _____ (located on the back of the card – 3 digit #)

Name As It Appears On Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Indicate Amount Due:

April Presentation \$35.00

Workshop includes materials and breakfast