

# 2009 Prevention Summit Registration Form {Youth}

**NOTE:** Please type directly in fields, save as, print and fax or mail to CASAT.

Are you attending the conference as:

- Part of a team  Without a team

Youth First Name \_\_\_\_\_ Youth Last Name \_\_\_\_\_  
(This name will appear on your name badge and certificate)

Team Name \_\_\_\_\_  
(Please use same team name for all members of your team)

Chaperone Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_  
(Confirmation will be emailed to this address)

Special Accommodations \_\_\_\_\_

(i.e., vegetarian meals, accessibility for people with disabilities, other needs)

## Please complete the following information:

**Race:** (Check all that apply)

- White/European American  Multiracial  
 African American/Black  Asian/Asian American  
 Native Hawaiian or Pacific Islander  Other \_\_\_\_\_  
 American Indian or Alaska Native

**Ethnicity:**

- Hispanic  Non-Hispanic

**Gender:**

- Male  Female

**Age:**

- 12-14  15-16  17-18

**Indicate T-Shirt Size:**

- S  M  L  XL  2XL  3XL  4XL

**Sponsoring Agency:**

- Non-profit Organization  Youth Serving  
 Mentoring Organization  County Government  
 Community Org/Coalition  Research/ Evaluation  
 Private Company  State/Public Agency (Specify in other)  
 School/ESD  Tribe  
 Law Enforcement  Other \_\_\_\_\_

**How many times have you attended the Prevention Summit?**

- First time  2-4  5-7  8-9  10 or more

**How did you hear about the conference?** (Check all that apply)

- Save the Date flyer  DBHR Website  CASAT Website  
 Referral  E-mail  Other \_\_\_\_\_

**Do you plan to attend the National Guard Activities and Ice Cream Social for youth on Thursday Evening (Oct 29)**  Yes  No

**Do you want to receive E-Briefs Prevention Newsletter?**  Yes  No

**How would you like to receive information in the future?**

- E-mail  Postal Mail  None

**CHECK OUT THE WEBSITE FOR MORE DETAILS ABOUT TEAMS, RESPONSIBILITIES, SERVICE PROJECTS AND THE SUMMIT SCHEDULE.**

## SCHOLARSHIPS

This year, with special funding from the Attorney General's Office, scholarships will be available for youth teams bringing at least three youth. (See the Team Scholarship Application packet on the conference website: [www.preventionsummit.org](http://www.preventionsummit.org). For more information regarding scholarships please email

[scholarship@preventionsummit.org](mailto:scholarship@preventionsummit.org)



**2009 Prevention Summit**

**October 30&31, 2009**

**Yakima Convention Center**

**Payment Options:**

**FAX** completed registration form with credit card or purchase order to:

775.784.1840 – Attn: Carolyn Bentley

**MAIL** completed registration form with payment to:

CASAT/MS 279

Attn: Carolyn Bentley  
University of Nevada, Reno  
Reno, NV 89557

**CASAT Hours**

8 am – 5 pm Monday – Friday

Toll Free: 877.922.6635

**Email:**

[contactus@preventionsummit.org](mailto:contactus@preventionsummit.org)

**Website:**

[www.preventionsummit.org](http://www.preventionsummit.org)



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- I have downloaded the required youth guidelines/permission form from the conference website and will ensure my parent/guardian reviews and signs the form and that I bring it with me to the Summit. [www.preventionsummit.org](http://www.preventionsummit.org)

## Registration Rates

Fee includes adult reception and youth ice cream social on Thur. evening; breakfast & lunch Fri. & Sat; dinner on Fri.

### Youth Rate

- Early Registration (until midnight on Oct. 1, 2009) \$25
- Regular Registration (beginning Oct. 2, 2009) \$35

### Cancellation Policy:

If you are unable to attend the conference, please send a written cancellation notice to CASAT (contact info on Pg 1 sidebar) no later than Oct. 9, 2009 for a full refund. If your cancellation notice is received after Oct. 9, 2009 a refund will not be possible. Thank You.

- Please check that you have read and understand the cancellation policy

## Payment Options

- Purchase order enclosed PO# \_\_\_\_\_
- Check payable to the Board of Regents enclosed  
CASAT's Tax ID # 886000024
- Coupon/Scholarship Code (if applicable) \_\_\_\_\_
- Credit Card:  Master Card       VISA  
 Discover                       American Express
- Card No. \_\_\_\_\_
- Card Code \_\_\_\_\_
- Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_
- Print name here \_\_\_\_\_
- Signature \_\_\_\_\_
- If agency is paying, tax ID# \_\_\_\_\_