

Brazelton Touchpoints 12th National Forum

April 24-25, 2009

Boston, Massachusetts

One form per person. Please type or print clearly.

Name: _____

Credentials: _____ First Name for Badge: _____

Organization: _____

Business Address: _____ Day Phone: _____

_____ Fax*: _____

E-mail Address**: _____

***Confirmation of receipt of payment will be sent to your e-mail address. If you do not have email it will be send to your fax number.*

1. ABOUT YOU

- a. Have you attended a Brazelton Touchpoints National Forum before? Yes No
- b. Are you a Brazelton Touchpoints Team member? Yes No
- c. If, yes, with which Team are you affiliated? _____
- d. If you are not a member of a Team, have you received Touchpoints training? Yes No
- e. If yes, where did you receive training? _____
- f. Are you a TP Network Team Coordinator (formerly Site Coordinator)? Yes No

2. REGISTRATION FEES

Did you and your team attend the Community Level Training in June 2008 or January 2009?
If yes, your registration fee for the CLT included attendance at this Forum. Yes No

Conference Registration Fees

NETWORK MEMBERS (individuals who have received TP training)

Full Conference: \$375** \$375
Friday Only: \$225 \$225
Saturday Only: \$225 \$225

NON-NETWORK INDIVIDUALS

Full Conference: \$400** \$400
Friday Only: \$250 \$250
Saturday Only: \$250 \$250

** Registration and opportunities for informal networking will be available on Thursday in the late afternoon/early evening.

3. **WORKSHOP SELECTIONS** – Once your registration form is received, you will be sent a confirmation notice via e-mail/fax with a separate selection sheet for your Friday and Saturday workshops.

4. SPECIAL NEEDS

If you require special accommodations to fully participate (i.e., meals, auxiliary aids or services), please indicate below and contact our offices to confirm. I have the following special needs: (please specify) _____

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5. PAYMENT SUMMARY

Registration Fee \$ _____

6. PAYMENT METHOD

Methods of Payment: Checks, Purchase Orders, Visa, and MasterCard are all acceptable forms of payment. Please make checks payable to **Children's Hospital Boston**. Children's Hospital Boston Taxpayer ID number is 04-2774441. Mail this registration form along with your payment to Brazelton Touchpoints Center, 1295 Boylston Street, Suite 320, Boston, MA 02215. Attn: 2009 Annual Forum. Forms can also be faxed to: 617-730-0060.

Check enclosed made payable to **Children's Hospital Boston**. Check # _____

VISA MasterCard

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

Purchase Order. Please include a copy.

Please Invoice me.

*The Touchpoints National Forum is intended to help professionals explore applications of the Touchpoints Approach in individual practice and in the community. It **does not** prepare the participant to use the Touchpoints Approach in their individual practice or to be a Touchpoints trainer.*

Signature of Attendee

Date

Please note: A directory of participants' contact information will be available to all attendees.