

## 2009 Prevention Summit Registration Form {Chaperone/Team Adult Advisor}

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

### Are you a Team Adult Advisor or a Chaperone?

(Read more complete details at the top of page 2.)

- ☐ **Team Adult Advisor** (one per team) – Attend Youth Leadership Track with youth team and advise team through planning process.
- ☐ **Chaperone** – Responsible to know their assigned youth whereabouts at all times and to be with their youth during evening activities and down time.

**First Name** \_\_\_\_\_ **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)

**Title** \_\_\_\_\_

**Agency/Organization** \_\_\_\_\_

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

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

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

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

**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:

- ☐ 19-25 ☐ 26-55 ☐ 56-65 ☐ 65+

#### Indicate T-Shirt Size:

- ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

#### Employer:

- ☐ 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 Prevention Professionals Networking Reception 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)

## 2009 Prevention Summit Registration Form {Chaperone/Team Adult Advisor}

## What is the difference between a Team Adult Advisor and a Chaperone?

**Team Adult Advisor:**

- Will attend the Youth Leadership Track and service project with their designated youth team.
- Will be the person to help their team prepare a plan of action to take back to their communities.
- Will be sure to assign one Team Adult Advisor per team.
- Will be one of the team's chaperones (for up to three youth).

### Chaperones:

- Will not have to participate in the Youth Leadership Track or service projects with their designated youth. (They can attend the adult workshops.)
- Will need to know their team whereabouts at all times.
- Will be with their youth during all evening activities, down time and while not on convention center grounds.

**If you are the Team Adult Advisor for your team, please complete the following information:**

1. How long has this team been formed?  
☐ 0-1 years    ☐ 2-4 years    ☐ 5 or more years
  2. Has the majority of the team attended the Prevention Summit in the past?  
☐ Yes    ☐ No
  3. Has this group accomplished projects in the past? ☐ Yes    ☐ No
  4. On a scale of 1 to 5, rate your team's experience in completing projects. (1= never have completed a project; 3=have completed a project; 5= have completed multiple projects successfully.)  
☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5
- ☐ **I have reviewed and understand the Youth Leadership Track information and Team Adult Advisor Guidelines on the website.**
- ☐ **As the Team Adult Advisor, I agree to attend and participate in the Prevention Summit Youth Track with my team of youth. I also commit to supporting my team and work to create a team project to implement in our community.**

Provide name and phone number(s) of the youth you are chaperoning (up to three per chaperone)

- |               |       |
|---------------|-------|
| 1. Youth Name | Phone |
| 2. Youth Name | Phone |
| 3. Youth Name | Phone |

- ☐ I have read and agree to the Chaperone Guidelines on the conference website.
- ☐ I have downloaded the required Youth Guidelines/Permission Form from the conference website and will ensure all youth receive a copy and bring to conference. [www.preventionsummit.org](http://www.preventionsummit.org)

## Registration Rates

Fee includes adult reception on Thur. evening;  
breakfast & lunch Fri. & Sat; dinner on Fri.

### Chaperone/Team Adult Advisor Rates

- **Early Registration** (until midnight on Oct. 1, 2009) **\$125**
- **Regular Registration** (beginning Oct. 2, 2009) **\$150**

### **Cancellation Policy:**

If you or a member of your team 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# \_\_\_\_\_

**Note:** Please submit this form along with your registration form.

**PHOTOGRAPHY/VIDEO RELEASE**

For the purpose of providing information, photographs and/or videos for publications and other marketing developed by the Department of Social and Health Services - Health Recovery Services Administration Division of Behavioral Health and Recovery (DBHR) DSHS/HRSA/DBHR formerly DASA and Prevention Summit co-sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns and/or its partners and funding sources, to promote education about drug abuse prevention and recovery.

I authorize the DSHS/HRSA/DBHR, to release information about my participation in the Washington Prevention Summit for publishing by the Washington State Department of Social and Health Services DSHS/HRSA/DBHR and Prevention Summit co-sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. I also authorize the use of my photograph and participation in a video. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. I understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to release records.

☐ **If you DO NOT want photographs or videotaped images to be used, please mark here.**

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with DSHS/HRSA/DASA and Prevention Summit co-sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. I sign it freely and voluntarily.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Adult Participant (Please print)**

\_\_\_\_\_  
**Adult Participant Signature**