

# Registration Form

## Enhancing Lifestyle and Legacy

June 5 & 6, 2006

PLEASE PRINT

Mr. Mrs. Ms. Last Name

First Name

MI

Title

Firm Name

Address

City

State

Zip

Area Code & Phone

Email address

I was referred by

Please complete this form and mail it with your check to:  
FAMILY LEGACY FUND 5225 Dover Street, Oakland, CA 94609  
For more information regarding refund, complaint and program  
cancellation policies, please contact our offices at 1-800-841-4642  
or visit our Web site: [www.legacyforchildrenscare.org](http://www.legacyforchildrenscare.org)

**SEMINAR LOCATION**  
University High Memorial Library  
CHILDREN'S HOSPITAL OAKLAND RESEARCH INSTITUTE  
Martin Luther King Jr. Plaza  
5800 Martin Luther King Jr. Way Oakland, CA  
**FREE PARKING** (enter on 58th Street)

### Tuition includes

- ◆ Continuing education credit
- ◆ Complimentary case consultations
- ◆ Extensive materials
- ◆ Lunch each day
- ◆ Continental breakfast each day

### Regular rate

- Two days \$190
- One day \$100

### Children's Legacy Advisor rate

- Two days \$115
- One day \$60

### Those attending one day only

- Check which day you will attend
- June 5, Day One
  - June 6, Day Two

Make checks payable to:

**FAMILY LEGACY FUND**

To register online go to

<http://www.regonline.com/95991>

Click on "Event Details" for directions