



# 17th Annual Turn on the Light National Conference on the Wellbeing of Children & Families

Palm Beach County Convention Center West Palm Beach, FL  
April 25, 2022

## 2022 Group Registration

Registration includes: Breakfast, REWIND film screening, Keynote address, and afternoon workshop  
*Please note that parking is not included in the registration rate*

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Group Registration Rate – groups of 5 or more \$105 (per individual)

*Individual registration rates and form available at [www.TurnOnTheLight.org](http://www.TurnOnTheLight.org)*

# of individuals you are registering: \_\_\_\_\_

### Method of Payment

Check enclosed made payable to The Children’s Healing Institute (Amount: \_\_\_\_\_ )

Charge my credit card (*please complete the information below*)

AMEX  VISA  MasterCard Card # \_\_\_\_\_ Exp \_\_\_\_\_

CIV/CSC Code\*\* \_\_\_\_\_ Name on Card \_\_\_\_\_

\*\*3 or 4 digit number located on back of card

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

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

**Individual registrant information must be completed for all group members. Incomplete registration forms will delay processing. All registrations are final and non-refundable.**

**\*\*PLEASE NOTE: Registrations may not be transferred after April 15<sup>th</sup>**

**Group Registrants** (please complete one form for each individual attending)

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Vegetarian meal requested?  Y  N

*The following two questions will help us learn more about our attendees to assist in conference development and planning. We appreciate your answers.*

Are you parenting a child under the age of 18?  Y  N

Please let us know your involvement in the fields of Social Service, Education, Healthcare or Law Enforcement/Emergency Services:

N/A     Student     Volunteer     Intern     Board Member  
 Employed     Other: \_\_\_\_\_

**\*\*PLEASE NOTE: Registrations may not be transferred after April 15<sup>th</sup>**

**Questions? Call 561-687-8115 - Return completed Registration form to:  
The Children's Healing Institute – 2161 Palm Beach Lakes Blvd. Suite 212 - WPB, FL 33409  
FAX 561-687-8116 or SSantosus@ChildrensHealingInstitute.org**