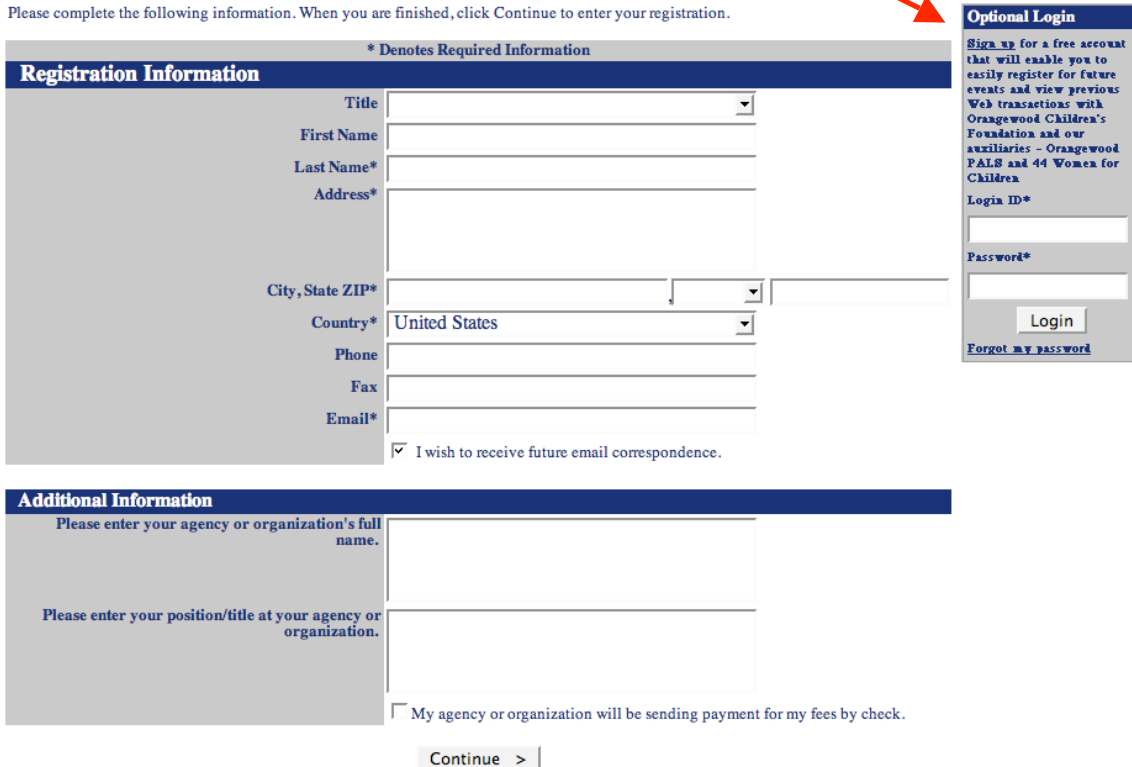


# 11<sup>th</sup> Annual Building Collaboratives, Mobilizing Communities Conference

## ONLINE REGISTRATION INFORMATION

- Click on the link from the FaCT Website that leads to the Online Registration System.
- The first page you will see gives you an overview of the conference and describes the online registration process. Click the link at bottom to continue into the registration system.
- You will arrive at a screen where you can enter your contact information.
  - You have the option to “Sign Up” to create an account on the system. This is a good idea if you plan to attend future FaCT or CONNECT events, trainings or workshops. It will save you time in re-entering your information and help you track what you have attended.

Please complete the following information. When you are finished, click Continue to enter your registration.



**Registration Information**

\* Denotes Required Information

Title

First Name

Last Name\*

Address\*

City, State ZIP\*

Country\* United States

Phone

Fax

Email\*

I wish to receive future email correspondence.

**Optional Login**

Sign up for a free account that will enable you to easily register for future events and view previous Web transactions with Orangewood Children's Foundation and our auxiliaries - Orangewood PALS and 44 Women for Children

Logia ID\*

Password\*

Login

[Forgot my password](#)

**Additional Information**

Please enter your agency or organization's full name.

Please enter your position/title at your agency or organization.

My agency or organization will be sending payment for my fees by check.

Continue >

- Enter your contact information on this screen.
  1. In the **Additional Information** boxes, please include your Agency/Organization's name.
  2. Check the box at the bottom if your agency/organization will be sending a check for your registration fees.
  3. If your organization is sending a group check (for more than one registration fee) please make sure that a list of attendees is included with the check when it is mailed in.

- EXAMPLE:

Please complete the following information. When you are finished, click Continue to enter your registration.

\* Denotes Required Information

### Registration Information

Title	Ms. <span style="float: right;">▼</span>		
First Name	FaCT		
Last Name*	Admin		
Address*	800 N. Eckhoff Street		
City, State ZIP*	Orange	CA <span style="float: right;">▼</span>	92868
Country*	United States <span style="float: right;">▼</span>		
Phone	(714) 704-8777		
Fax	(714) 704-8220		
Email*	factadmin@factoc.org		

I wish to receive future email correspondence.

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### Additional Information

Please enter your agency or organization's full name.	Families & Communities Together (FaCT)		
Please enter your position/title at your agency or organization.	Admin		

My agency or organization will be sending payment for my fees by check.

Continue >

- SELECTING WORKSHOPS:

1. Enter a 1 in the "Quantity" box to the right of the workshop you wish to attend.
2. You **must** then also check the box that states "I am attending as a(n)"
3. Select the same workshop name from the drop down menu to confirm your selection.
4. Complete this process for both the AM and PM sessions.

CP FaCT Conference 2008 AM Session		Quantity
AM1: The Affects of Domestic Violence on Children (Free)	0	
AM2: Afecto de Violencia Domestica en Ninos (Free)	0	
AM3: Navigating K-12 Education (Free)	1	
AM4: Discrimination and Racism (Free)	0	
AM5: Recognizing Mental Illness in Children (Free)	0	
AM6: Learning to Talk With Your Children About Sex (Free)	0	
AM7: Engaging Another Culture (Free)	0	

I am attending as a(n)

AM3: Navigating K-12 Education ▼

- **PAYMENT SELECTION:**

1. Enter a 1 in the **Quantity** box
2. Check the box and select your attendance type from the drop down menu to confirm your selection. *Paying by credit card confirms your registration immediately. If paying by check, payment must be received prior to May 11<sup>th</sup> to confirm your registration.*

- If paying by credit card; choose one of the first two selections:
  - Conference Attendance (\$50.00)
  - Conference Attendance with CEU Credit (\$60.00)
- If paying by check; choose one of the following selections:
  - Conference Attendance Pay by Check (\$50) (FREE)
  - Conference Attendance with CEU Pay By Check (\$60) (FREE)

**NOTE:** The word FREE only shows up to ensure that credit card information is not requested when the attendee wishes to pay by check

\* Payments by check must be received prior to May 9<sup>th</sup> to complete the registration process

CP FaCT Conference 2008 PAYMENT	
	<b>Quantity</b>
Conference Attendance (\$50.00)	0
Conference Attendance with CEU Credit (\$60.00)	0
Conference Attendance Pay by Check (\$50) (Free)	0
Conference Attendance with CEU Pay by Check (\$60) (Free)	0
<input type="checkbox"/> I am attending as a(n)	
<div style="border: 1px solid black; padding: 2px;">           Conference Attendance           <span style="float: right;">▼</span> </div>	

- The next screen will confirm the workshop and payment type selections that you have chosen.
- Click on continue if correct, if you wish to make changes, click the back button on your browser.

\* Denotes Required Information

<b>Registrant Name Information</b>	
<b>CP FaCT Conference 2008 PAYMENT</b>	
Conference Attendance Pay by Check (\$50)*	Ms. FaCT Admin
<b>CP FaCT Conference 2008 AM Session</b>	
AM3: Navigating K-12 Education*	Ms. FaCT Admin
<b>CP FaCT Conference 2008 PM Session</b>	
PM4: Love Is Not Supposed To Hurt*	Ms. FaCT Admin

Continue >

- If paying by credit card, your card information will be taken on the next screen.

\* Denotes Required Information

Payment Information	
Title	Ms.
First Name	FaCT
Last Name*	Admin
Address*	800 N. Eckhoff Street
City, State ZIP*	Orange, CA 92868
Country*	United States
Phone	(714) 704-8777
Fax	(714) 704-8220
Email*	factadmin@factoc.org
	<input type="checkbox"/> I wish to receive future email correspondence.
Amount	\$50.00
Credit Card Number*	
Type / Expiration Date*	MasterCard (mm/yyyy)
Cardholder's Name*	
Card Security Code*	<input type="button" value="Help"/>
Comments	

Please verify the following information:

Payment Information	
Title	Ms.
First Name	FaCT
Last Name	Admin
Address	800 N. Eckhoff Street
City, State ZIP	Orange, CA 92868
Country	United States
Phone	
Fax	
Email	info@factoc.org
	<input type="checkbox"/> I do not wish to receive future email correspondence.
Amount	No charge

[Continue >](#)

### Registrant Information

#### CP FaCT Conference 2008 PAYMENT

Conference Attendance Pay by Check (\$50)	Ms. FaCT Admin
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#### CP FaCT Conference 2008 AM Session

AM3: Navigating K-12 Education	Ms. FaCT Admin
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#### CP FaCT Conference 2008 PM Session

PM4: Love Is Not Supposed To Hurt	Ms. FaCT Admin
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- Final verification of information will come up after entering credit card information **or** after clicking continue on the previous screen if paying by check.
- Click **Complete Registration** to finalize the process and receive a confirmation letter.
- Please print this confirmation letter as it contains your workshop selection as well as additional conference details.