

# INTERNATIONAL FAMILY VIOLENCE AND CHILD VICTIMIZATION RESEARCH CONFERENCE

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## Registration Packet Insert Agreement

This agreement is for registration packet inserts at the July 9-11, 2006 *International Family Violence and Child Victimization Research Conference*, to be held at the Sheraton Harborside Hotel and Conference Center in Portsmouth, New Hampshire. By signing this agreement, you agree to the terms listed below:

- We must receive 450 copies of each insert by July 3, 2006.
- The fee is \$175 per insert. Remaining materials will not be returned at the end of the conference.
- A full payment must accompany this contract.
- Payment is non-refundable.

Please list below the items you will be sending us:

<i>Insert Item</i>	<i>Cost</i>
1.	
2.	
3.	
4.	
<b>TOTAL</b>	

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I have read and agree to the terms and conditions of this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Method of Payment:**

Circle One:    Check    Money Order    Visa    Mastercard

Check Number: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Total Amount Paid:** \_\_\_\_\_

*Please make checks payable to the Family Research Laboratory.*

**Please mail or fax your completed contract and payment to:**

Conference Administrator  
Family Research Laboratory  
University of New Hampshire  
10 West Edge Drive, Suite 106  
Durham, NH 03824  
Fax (603) 862-2899