

Northern California Conference 2008: Transgender Health & Wellness  
October 10-11, 2008  
REGISTRATION FORM

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**LEARNING TRACK**

Early registration must be postmarked by September 19th

- Medical Track** - License # \_\_\_\_\_  
\$150 early / \$175 late  MD  DO  Psychiatrist  
\$115 early / \$135 late  FNP  RN  PA  Resident
- Mental Health Track** - License # \_\_\_\_\_  
\$115 early / \$135 late  MFT  MSW  LCSW  Psychologist  
\$90 early / \$110 late  Mental Health Intern
- Community Track**  
\$70 early / \$90 late  Adult  Parent of trans individual  
\$25 early / \$35 late  Youth under 18

**MEAL OPTIONS**

**Friday:** For your convenience, an optional box lunch (\$12) can be pre-ordered (box lunch includes sandwich, salad, dessert and beverage).

**Select Sandwich:**  Roast beef  Roast Turkey  Veggie Sub

**Saturday:** Light breakfast and healthy lunch will be provided.

**Select Lunch Option:**  Vegetarian salad  Chicken  Salmon

**FEES**

Registration (Early: By Sept. 19th) \$ \_\_\_\_\_  
Continuing education credits (\$25) \$ \_\_\_\_\_  
Optional Friday box lunch (\$12) \$ \_\_\_\_\_  
TOTAL ENCLOSED \$ \_\_\_\_\_

**PLEASE MAKE PAYABLE TO SCAFEM**

Mail to: SCAFEM  
3324 Chanate Road  
Santa Rosa, CA 95404