

Act 31 Mandated Child Abuse Recognition & Reporting 2024 & Suicidal Clients & Ethics  
presented by

Debra Schilling Wolfe, M.Ed. & Linda K. Knauss, Ph.D., ABPP  
October 25, 2024 LIVE INTERACTIVE WEBINAR

<u>Fees</u>	<u>Half Day &amp; Lunch Session</u>	<u>Full Day</u>
Individual Early Registration (received by September 8)	\$90 per person -----	\$165 per person
Two or more together at the same time (by September 8)	\$80 per person -----	\$145 per person
Regular Registration (September 9- October 13)	\$100 per person -----	\$185 per person
Late Registration—No Webinar Registrations After Noon Oct. 23	\$110 per person -----	\$205 per person

Please Print - Name & Degree as you want them to appear on your CE certificate  
Name \_\_\_\_\_ Degree/License \_\_\_\_\_  
Webinar: \_\_\_ Full Day \_\_\_ Morning & Lunch \_\_\_ Lunch & Afternoon  
Agency \_\_\_\_\_  
Mailing Address to receive your nametag & receipt: \_\_\_ Home \_\_\_ Work  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (W) ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

PA Dept. of State Requires  
Additional Information  
For Licensed Professionals  
Profession: \_\_\_\_\_  
Prof. License Number: \_\_\_\_\_  
Date of Birth: MM/DD/YYYY \_\_\_\_\_  
Last 4 Digits of SSN: \_\_\_\_\_

Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_  
3-Digit Verification # on back of Visa/MC/Discover \_\_\_\_\_ 4 digit # on front of AMX \_\_\_\_\_  
\$ \_\_\_\_\_ Amount Authorized/Enclosed - Make Checks Payable To: **J&K Seminars**

Act 31 Mandated Child Abuse Recognition & Reporting 2024 & Suicidal Clients & Ethics  
presented by

Debra Schilling Wolfe, M.Ed. & Linda K. Knauss, Ph.D., ABPP  
October 25, 2024 LIVE INTERACTIVE WEBINAR

<u>Fees</u>	<u>Half Day &amp; Lunch Session</u>	<u>Full Day</u>
Individual Early Registration (received by September 8)	\$90 per person -----	\$165 per person
Two or more together at the same time (by September 8)	\$80 per person -----	\$145 per person
Regular Registration (September 9- October 13)	\$100 per person -----	\$185 per person
Late Registration—No Webinar Registrations After Noon Oct. 23	\$110 per person -----	\$205 per person

Please Print - Name & Degree as you want them to appear on your CE certificate  
Name \_\_\_\_\_ Degree/License \_\_\_\_\_  
Webinar: \_\_\_ Full Day \_\_\_ Morning & Lunch \_\_\_ Lunch & Afternoon  
Agency \_\_\_\_\_  
Mailing Address to receive your nametag & receipt: \_\_\_ Home \_\_\_ Work  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (W) ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

PA Dept. of State Requires  
Additional Information  
For Licensed Professionals  
Profession: \_\_\_\_\_  
Prof. License Number: \_\_\_\_\_  
Date of Birth: MM/DD/YYYY \_\_\_\_\_  
Last 4 Digits of SSN: \_\_\_\_\_

Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_  
3-Digit Verification # on back of Visa/MC/Discover \_\_\_\_\_ 4 digit # on front of AMX \_\_\_\_\_  
\$ \_\_\_\_\_ Amount Authorized/Enclosed - Make Checks Payable To: **J&K Seminars**

Send payment & registration form to J&K Seminars, 904 Church Rd, Wyncote, PA 19095 -1601  
OR Register By Phone (800) 801-5415 OR FAX (717) 393-4605 OR online at [www.JKSeminars.com](http://www.JKSeminars.com)