



CHILD SUPPORT DIVISION

2016 AOP SEMINAR REGISTRATION FORM

Please type or print legibly and fax this document to the contact person for your area. Refer to the enclosed seminar schedule for the dates, times and locations.

Seating may be limited. Please fax registration as soon as possible.

<p><i>CENTRAL TEXAS AREAS</i> Elizabeth Galvan Fax » 1-512-358-3222</p> <p><i>EAST TEXAS AREAS</i> Erin Henriksen Fax » 1-903-533-4075</p> <p><i>EL PASO & LOWER WEST TEXAS AREAS</i> Barbara Ramirez Fax» 1-915-772-3804</p> <p><i>HOUSTON AREAS</i> Aimee Evins Fax » 1-713-863-2844</p> <p><i>NORTH TEXAS, DALLAS AREA</i> Alvin Garrett Fax » 1-214-915-3774</p>	<p><i>NORTH TEXAS, FT. WORTH AREA</i> Liliana Gonzalez Fax » 1-817-834-7068</p> <p><i>SAN ANTONIO & SOUTHWEST TEXAS AREAS</i> Leticia Cantu & Denise Young Fax » 1-210-337-5430 or 1-210-337-5456</p> <p><i>SOUTH TEXAS, LAREDO & VALLEY AREAS</i> Ivette Morales Fax » 1-956-926-4542</p> <p><i>WEST TEXAS & PANHANDLE AREAS</i> Angelia Gregg & Tracy Murphree Fax » 1-806-763-7579</p>
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**** If you are being recertified. Please bring your copy of the AOP manual. ****

CONTACT PERSON: _____

TELEPHONE: _____

NAME OF FACILITY: _____

MAILING ADDRESS: _____

CITY & ZIP CODE: _____

E-MAIL ADDRESS: _____

List all attendees

Seminar Location	Date	AM or PM	Number Attending