

THE 4TH BIENNIAL WISCONSIN FATHERHOOD CONFERENCE
March 16-17, 2007 Sheraton Madison Hotel Madison, Wisconsin

Healing Families by Strengthening Fathers

The Milwaukee Fatherhood Collaborative, in partnership with Wisconsin Fathers for Children and Families, invite you to participate in the fourth Wisconsin Fatherhood Conference, dedicated to strengthening fathers and families and keeping fathers in the lives of their children.

Who Should Attend?

Fathers, Families, Social Service Professionals, Community Advocates, Child Support Professionals, Judicial Officers, Legislators, Policy Makers, State and Local Government Officials, Mental Health Professionals, Attorneys, and all interested individuals and groups.

What is the purpose of the conference?

To strengthen the roles of fathers; to examine and suggest resolution to issues created by fatherless-ness.

How does the conference assist fathers?

By offering resources, programming and policy recommendations designed to assist fathers in improving the quality of the lives of their children.

CONFERENCE HIGHLIGHTS:

Special Guest Speaker

Dr. Kermit Anthony Crawford

Director of the Center for Multicultural Mental Health
Boston University School of Medicine

Keynote Speaker:

Attorney Jeffery Leving

Author: *Fathers' Rights and Divorce Wars*
Chicago, Illinois

LODGING: Lodging is available at the **Sheraton Madison Hotel** at a rate of \$62 per night for a Single and \$92 per night for 2 occupants. For reservations, please call 1-800-333-3333.

EXHIBIT SPACE: For registration and information, please refer to the contact information listed below:

For questions or for more information call 414-339-9675 or email inquiries to: WFC07@wi.rr.com

WISCONSIN FATHERHOOD CONFERENCE

March 16 - 17, 2007

Name _____ Agency / Company _____

Address _____ City / State / Zip _____

Phone () _____ Fax () _____ Email _____

Company Position/Title _____

Registration fees: Service Professionals: _____ \$170.00 2 days _____ \$95.00 1 day
Parent/father (single): _____ \$30.00 per day Parent/father and family: _____ \$50.00 per day

Payment by:

_____ Check Enclosed Payable to: *Milwaukee Fatherhood Collaborative* _____ Purchase Order # _____

_____ Visa _____ MasterCard _____ Card # _____ Exp _____

Cardholders Name _____ Authorized Signature: _____

LIMITED SCHOLARSHIPS AVAILABLE-CONTACT 414-339-9675 OR EMAIL WFO07@WI.RR.COM FOR INFORMATION

Cancellations/Substitutions: Full refunds granted upon receipt of written cancellation received on or before March 6, 2007. Substitutions will be allowed, however, will not be guaranteed meal attendance after March 1, 2007.

Submit one registration form per person. Registration fee includes program materials, attendance at all events, and scheduled meals.

TO COMPLETE REGISTRATION:

FAX this form to 414-344-0423 Attn: A. Holmes or MAIL to 1531 West Vliet Street Milwaukee, WI 53205 Attn: A. Holmes

You may REGISTER online at www.ncsdc-inc.org