

# FATHERHOOD CONFERENCE 2009

## REGISTRATION FORM

Name \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Are You a Head Start Father? YES \_\_\_\_\_ or NO \_\_\_\_\_

If Yes, What Center \_\_\_\_\_

Send or mail to: **Community Action Partnership of Kern**  
Attention: **Fatherhood Program**  
5005 Business Park North, Suite 130, Bakersfield, CA 93309  
or fax to 336-0223

**Seating is limited. Reserve your seat today!**

For more information, please call  
**Linda Jones at 336-5236 ext. 505**

Community Action Partnership of Kern



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