

2010 CIRCLES OF LIFE Registration Form

Registration is required by **April 2, 2010**. NO WALK-IN REGISTRATIONS!

Please make your check payable to **Stedman Accounting**.

Mail your registration materials to: **Circles of Life, PO Box 1542, Madison, WI 53701-1542**

Registration deadline: **April 2, 2010**, or when the conference is full. Your registration and payment will be returned if the conference is full.

Every individual coming to the conference, including children, **must** be listed below and will receive a nametag at check-in.

You must have a nametag in order to attend meals. Please fill in **all the requested information** (see below for costs).

Send the total payment with your registration form. Copy this page if registering more than 3 people.

SCHOLARSHIP INFORMATION: Scholarship applications will be available starting February 1, 2010. Contact John Shaw at 608-266-7707 or john@elsieshaw.org to request a scholarship application. **Return completed scholarship application and your registration as instructed no later than March 5, 2010.**

REGISTRATION FEE INFORMATION:

Parents, Professionals, and College Students receive full conference materials (folder, nametags, business cards).

Each Parent of a Child with Disabilities:

\$70.00 for both days
\$40.00 for one day only

Each Professional:

\$90.00 for both days
\$50.00 for one day only

Each College Student (bring student ID):

\$70.00 for both days
\$40.00 for one day only

Children and Attendants receive nametags (meal tags) only. Nametags are included in folder of individual listed below as "Name 1."

Each Child/Youth:

\$30.00 for both days
\$15.00 for one day only

Each Attendant/Child Care Provider:

No Cost - Fee is Waived

COST

Full address/phone **required** for **Name 1**; leave blank for additional registrants with same address/phone.

Name 1 _____ (check one) Full Conference Thurs Only Fri Only \$ _____
 Parent Professional College Student

E-Mail Address _____ Phone _____

Mailing Address _____

City, State, Zip _____ Phone _____

Name 2 _____ (check one) Full Conference Thurs Only Fri Only \$ _____
(check one) Parent Professional College Student Attendant/Child Care Provider

Child/Youth Age: _____ Gathering of Youth - Confirmation #: _____ Sibshop Confirmation #: _____

E-Mail Address _____ Phone _____

Mailing Address _____

City, State, Zip _____

Name 3 _____ (check one) Full Conference Thurs Only Fri Only \$ _____
(check one) Parent Professional College Student Attendant/Child Care Provider

Child/Youth Age: _____ Gathering of Youth - Confirmation #: _____ Sibshop Confirmation #: _____

E-Mail Address _____ Phone _____

Mailing Address _____

City, State, Zip _____

TOTAL AMOUNT DUE: \$ _____

Make your check payable to **Stedman Accounting** and include it with this registration.

PURCHASE ORDERS: If all or part of your registration will be paid by Purchase Order, you must include the purchase order with this form.

TOTAL AMOUNT DUE must be included with your registration unless you are requesting Scholarship assistance or if your fee has been waived.

IF ANYONE LISTED ABOVE HAS SPECIAL DIETARY OR PHYSICAL REQUIREMENTS, PLEASE USE THE BACK OF THIS FORM TO PROVIDE DETAILS. BE SURE TO INDICATE THE NAME OF THE PERSON AND DETAILS ABOUT THEIR NEEDS.

For Office Use Only

Scholarship #: _____