

2005 CIRCLES OF LIFE Registration Form

Registration is required by **April 1, 2005**. 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 1, 2005**, or when the conference is full. Your registration and payment will be returned if the conference is full.

Each Parent of a Child or Children w/Disabilities:

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

Each Child/Youth:

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

Each Attendant/Child Care Provider not attending conference:

No Cost - Fee is Waived

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

SCHOLARSHIP INFORMATION: Call 608-846-3530 to request an application for a scholarship. You will receive an application and instructions for where to send it. Please return this registration form **with your scholarship application**.

Each individual, including children, **must** be listed below. All registered participants receive a nametag at time of check-in. You must have a nametag in order to attend meals. Please fill in **all the requested information** (see chart above for costs). Send the total payment with your registration form. Copy this page if registering more than 4 people.

To reserve a hotel room, please see the conference brochure for information.

COST

Name 1 _____ (check one) Full Conference Thurs Only Fri Only \$ _____
(check one) Parent Child/Youth Attendant Professional College Student Gathering of Youth[‡]
Address (Including Agency, if any) _____
City, State, Zip _____ Phone _____

Name 2 _____ (check one) Full Conference Thurs Only Fri Only \$ _____
(check one) Parent Child/Youth Attendant Professional College Student Gathering of Youth[‡]
If address and/or phone are different from above, you must enter them on the lines below:
Address _____
City, State, Zip _____ Phone _____

Name 3 _____ (check one) Full Conference Thurs Only Fri Only \$ _____
(check one) Parent Child/Youth Attendant Professional College Student Gathering of Youth[‡]
If address and/or phone are different from above, you must enter them on the lines below:
Address _____
City, State, Zip _____ Phone _____

Name 4 _____ (check one) Full Conference Thurs Only Fri Only \$ _____
(check one) Parent Child/Youth Attendant Professional College Student Gathering of Youth[‡]
If address and/or phone are different from above, you must enter them on the lines below:
Address _____
City, State, Zip _____ Phone _____

TOTAL AMOUNT DUE: \$ _____

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

If your registration will be paid by Purchase Order, write the **PO Number** here: _____

[‡]If you are attending the Gathering of Youth, write your **Confirmation Number** here: _____

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.