

2008 CIRCLES OF LIFE Registration Form

Registration is required by March 24, 2008. 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: **March 24, 2008**, 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 4 people.

Photographs may be taken that include you or your children for the purpose of publicizing and promoting the Circles of Life Conference. If you do not consent, please check this box:

SCHOLARSHIP INFORMATION: Call 608-266-7707 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**.

REGISTRATION FEE INFORMATION:

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

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 \$ _____

(check one) Parent Professional College Student Child/Youth* Attendant/Child Care

(if applicable) *Child/Youth: Gathering of Youth Confirmation #: _____ *Child/Youth Sibshop Confirmation #: _____

Address _____

City, State, Zip _____ Phone _____

Name 2 _____ (check one) Full Conference Thurs Only Fri Only \$ _____

(check one) Parent Professional College Student Child/Youth* Attendant/Child Care

(if applicable) *Child/Youth: Gathering of Youth Confirmation #: _____ *Child/Youth Sibshop Confirmation #: _____

Address _____

City, State, Zip _____ Phone _____

Name 3 _____ (check one) Full Conference Thurs Only Fri Only \$ _____

(check one) Parent Professional College Student Child/Youth* Attendant/Child Care

(if applicable) *Child/Youth: Gathering of Youth Confirmation #: _____ *Child/Youth Sibshop Confirmation #: _____

Address _____

City, State, Zip _____ Phone _____

Name 4 _____ (check one) Full Conference Thurs Only Fri Only \$ _____

(check one) Parent Professional College Student Child/Youth* Attendant/Child Care

(if applicable) *Child/Youth: Gathering of Youth Confirmation #: _____ *Child/Youth Sibshop Confirmation #: _____

Address _____

City, State, Zip _____ Phone _____

TOTAL AMOUNT DUE: \$ _____

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

If all or part of your registration will be paid by Purchase Order, write the **PO 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.

For Office Use Only

Scholarship #: _____