

2002 CIRCLES OF LIFE Registration Form

One form per family. Registration is required by **April 19, 2002.** Registration at the door is not guaranteed. Please send completed form and your check made payable to DD Network to:

Circles of Life, c/o DD Network, PO Box 1605, Madison WI 53701-1605

If you return the registration form by April 19, you will be registered. We will not send you a confirmation.

Each Parent of a Child or Children w/disabilities:

\$65.00 for both days
 \$35.00 for Thursday 4/25 only
 \$35.00 for Friday 4/26 only

Each Professional:

\$85.00 for both days
 \$45.00 for Thursday 4/25 only
 \$45.00 for Friday 4/26

Each College Student (bring student ID):

\$65.00 for both days
 \$35.00 for Thursday 4/25 only
 \$35.00 for Friday 4/26 only

Child/Youth attending conference:

\$45.00 for both days
 \$25.00 for Thursday 4/25 only
 \$25.00 for Friday 4/26 only

Child/Youth not attending conference but eating meals on-site:

\$30.00 for both days
 \$15.00 for Thursday 4/25 only
 \$15.00 for Friday 4/26 only

Each Attendant not attending conference:

FREE

If you need a scholarship, you must call Nancy Olson by April 5 at 866.550.0095 to apply before registering. If you do receive a scholarship, please return the registration form indicating your scholarship number on the "Total Amount Due" line.

Each person eating meals **must** have a nametag. In order to have a nametag, fill in **all the requested information** below for each person eating meals at the conference (see chart above for costs). Please send the total payment with your completed registration form. If registering a family with more than 4 participants, please copy this page and complete the additional information.
To reserve a hotel room, please see page 3 of the conference brochure for information.

Cost

Name 1 _____ (check one) **One Day Only** **Both Days** \$ _____

Parent Child/Youth attending Professional Child/Youth not attending College Student Attendant

Meals this person will be eating (check all that apply):

4/25 Continental Breakfast 4/25 Lunch 4/25 Pizza Dinner
 4/26 Breakfast 4/26 Lunch

Name 2 _____ (check one) **One Day Only** **Both Days** \$ _____

Parent Child/Youth attending Professional Child/Youth not attending College Student Attendant

Meals this person will be eating (check all that apply):

4/25 Continental Breakfast 4/25 Lunch 4/25 Pizza Dinner
 4/26 Breakfast 4/26 Lunch

Name 3 _____ (check one) **One Day Only** **Both Days** \$ _____

Parent Child/Youth attending Professional Child/Youth not attending College Student Attendant

Meals this person will be eating (check all that apply):

4/25 Continental Breakfast 4/25 Lunch 4/25 Pizza Dinner
 4/26 Breakfast 4/26 Lunch

Name 4 _____ (check one) **One Day Only** **Both Days** \$ _____

Parent Child/Youth attending Professional Child/Youth not attending College Student Attendant

Meals this person will be eating (check all that apply):

4/25 Continental Breakfast 4/25 Lunch 4/25 Pizza Dinner
 4/26 Breakfast 4/26 Lunch

TOTAL AMOUNT DUE: \$ _____

Mailing Address of this Family/Individual

Name: _____ Include my name/address on the Participant List

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

If you have access, vision, hearing or dietary needs, please state your need(s) for accommodation below:

Circles of Life
c/o DD Network
P.O. Box 1605
Madison, WI 53701-1605

