

2004 CIRCLES OF LIFE Registration Form

Registration is required by **APRIL 2, 2004**. Registration at the door is not guaranteed.

Please send completed form and your check made payable to DD Network to:

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

If you return the registration form by April 2nd, you will be registered. We will not send you a confirmation.

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: If you need a scholarship, you must obtain a Scholarship Number **before** you register. Please call 608-846-3530 to request an application for a scholarship.

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 page 1 of the conference brochure for information.

COST

Name 1 _____ (check one) Full Conference 4/29 Only 4/30 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 4/29 Only 4/30 Only \$ _____
 (check one) Parent Child/Youth Attendant Professional College Student Gathering of Youth[†]
If address is different from above, please enter on the lines below:
 Address _____
 City, State, Zip _____ Phone _____

Name 3 _____ (check one) Full Conference 4/29 Only 4/30 Only \$ _____
 (check one) Parent Child/Youth Attendant Professional College Student Gathering of Youth[†]
If address is different from above, please enter on the lines below:
 Address _____
 City, State, Zip _____ Phone _____

Name 4 _____ (check one) Full Conference 4/29 Only 4/30 Only \$ _____
 (check one) Parent Child/Youth Attendant Professional College Student Gathering of Youth[†]
If address is different from above, please enter on the lines below:
 Address _____
 City, State, Zip _____ Phone _____

TOTAL AMOUNT DUE: \$ _____

*Make your check payable to **DD Network**, and include it with this registration.*

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

If you have arranged for a scholarship, write the **Scholarship Number** here: _____

[†]If you have been accepted for the Gathering of Youth, write your **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.