

OVER

2007 CIRCLES OF LIFE Conference Registration Form

Registration is required by March 21, 2007. NO WALK-IN REGISTRATIONS!

Mail your registration materials to: Circles of Life, % The Arc-Wisconsin, 600 Williamson Street, Ste. J, Madison, WI 53703

Registration deadline: March 21, 2007, 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 (one attendant per child)

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

Please make your check payable to Stedman Accounting.

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.

Each individual, including children, must be listed below. All registered participants receive a nametag and meal tickets at time of check-in. You must have a nametag and meal ticket 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.

Name 1 (check one) Full Conference, Thurs Only, Fri Only. Address, City, State, Zip, Phone, Meals, Dietary Restrictions. COST \$

Name 2 (check one) Full Conference, Thurs Only, Fri Only. Address, City, State, Zip, Phone, Meals, Dietary Restrictions. COST \$

Name 3 (check one) Full Conference, Thurs Only, Fri Only. Address, City, State, Zip, Phone, Meals, Dietary Restrictions. COST \$

Name 4 (check one) Full Conference, Thurs Only, Fri Only. Address, City, State, Zip, Phone, Meals, Dietary Restrictions. COST \$

Make your check payable to Stedman Accounting, and include it with this registration -TOTAL AMOUNT DUE: \$

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

If you are attending the Gathering of Youth, write your Number here: Call Kirsten @ 608-242-8484 x 228

## Break Out Session Selections

Enter name of session (you will not be held to these selections)

### Thursday, April 26, 2007

10:30 – 12:00 \_\_\_\_\_

1:15 – 2:45 \_\_\_\_\_

3:15 – 4:45 \_\_\_\_\_

### Friday, April 27, 2007

8:30 – 10:00 \_\_\_\_\_

10:30 – 12:00 \_\_\_\_\_

**If you are interested in volunteering at our conference please note your name and the times you are available.**

---

---

**NOTE: Registering for the main conference does not register youth for the Gathering of Youth Session. Gathering of Youth does not accept walk in registrations.**