

Region 1 Annual Conference

Parent Centers:

Deepening Our Connections ≈ Empowering Families

Conference Registration Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT

General Information (Please Print)

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone (h) _____ Phone(w) _____
Fax: _____ E-mail: _____

Please complete the following:

____ Parent Center Director/Representative (paid by SPAN)

____ Parent Center additional person - \$100.00

____ Late registration fee - after April 10, 2008 - \$125.00

____ Professionals/Others - \$150.00

____ Late registration fee - after April 10, 2008 - \$175.00

Hotel Accommodations:

Hotel rates are \$149.00 plus tax, per night, per room, double occupancy. All rooms are non-smoking, however, there are designated smoking areas on the premises. SPAN will pay the cost of a shared double room for one parent center representative for up to 3 nights. If you would like a single room you will be responsible for ½ the cost of that room (\$74.50 plus tax). Those paying their own way must still reserve rooms through SPAN for the conference rate.

____ Yes, I need hotel accommodations.

____ No, I will not need hotel accommodations.

Hotel Arrival Date: _____

Departure Date: _____

____ I would like a single room and will be responsible for any additional costs.

____ I have a roommate preference, please room me with:

Name _____ Organization _____

____ I have no roommate preference, please assign me a roommate.

Special assistance needs: (physical accommodations, communication needs, or dietary restrictions)

Total Amount Enclosed: \$ _____