

2019 CIRCLES OF LIFE Registration Form

Use this only if you cannot complete the online registration or are paying by check! To register online go tinyurl.com/CirclesofLife2019

Send your registration before **Friday, April 19, 2019**. NO WALK-IN REGISTRATIONS!

Mail Form and Payment to: **UW Stevens Point Continuing Education, 2100 Main St. 032 Main Bldg,
Stevens Point, WI 54481**

Everyone attending the conference, including children, **must** be registered and will receive a nametag at check-in. This nametag is required in order to attend meals. Please fill in **all the requested information**. Send the total payment with your registration form. Please be sure to tell us which person has special needs.

How to Register:

One Individual: Please complete **Section 1** and **Section 3** and submit the form with your payment.

Multiple Adults: Please complete **Section 1** (using additional pages as needed) and **Section 3** and submit the form with your payment (no children or attendants). Multiple unrelated adults may use the same form – be sure all address information is included.

Family Groups: Please complete **Section 1** for all adults (**except for Attendants**). If additional adults have the same address as the first adult, write “same” in the address area.

Complete **Section 2** for all children, add the attendant’s name following the child who they are providing care for. For each child registering, fill in name, age, which day(s) attending, if they will be attending Gathering of Youth (GOY) or SibShop. Also, if they are attending GOY or SibShop, fill in the information following those titles in the spaces provided.

Complete **Section 3** and submit form with your payment.

Exhibitor /Presenters: Go to www.circlesoflifeconference.com/registration/ and fill out the online registration

If more space is needed, please complete additional registration forms and attach them together.

SCHOLARSHIP ASSISTANCE MAY BE AVAILABLE FOR PARENTS OF CHILDREN WITH DISABILITIES. Scholarship applications will be available starting February 1, 2019. Contact **John Shaw** at 608-294-8716 or john@elsieshaw.org to request a scholarship application. **Scholarship applications and registration forms should be sent directly to John Shaw as instructed. Scholarship deadline is March 15, 2019.**

SECTION 1: REGISTER PARENTS, FAMILY MEMBERS, PROFESSIONALS, STUDENTS: *One registration per form for each adult attending*

Full Name (First and Last): _____ Company/Agency (if applicable) _____

Mailing Address: _____ City, _____ State, _____ Zip: _____

E-Mail: _____ Telephone: _____

*Special Needs Accommodations and/or Dietary Restrictions _____

Registration Type	Both Days	Thursday	Friday	Fee
Parent/Family Member	\$120* / \$150	\$75	\$75	\$
Professional	\$150* / \$180	\$100	\$100	
Student/Child	\$50	\$50	\$50	

*Early bird rate until March 29th

SECTION 2: For Family Registrations – Register your child(ren) and provide name of attendant (person coming to care for child).

See the conference brochure for information about Gathering of Youth (a program for teens with disabilities) and Sibshop (a program for sisters and brothers, ages 8 – 17). Children/teens with special needs should NOT register for Sibshop.

Full Name of Child and Name of Attendant (if coming with that child)		\$0 Not Attending	\$50 Both Days	\$50 Thurs Only	\$50 Fri. Only	Gather- ing of Youth	Sibshop 8-17 years	List Dietary Restrictions and / or Special Needs Accommodations	Fee
Child/Age		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
Attendant									No charge
Details for Child attending Gathering of Youth (GOY)	Activities/hobbies/ interests of child				How does your child's disability impact them?			Accommodations needed to participate?	
Detail for Child attending SibShop	Special services received				Name of sibling with disability, age and disability				

If you have more than one child coming with you, please copy this sheet and complete the form for each child attending the conference!

Section 3: Payments and registrations should be sent to the address below

Checks: Made out to **UW-Stevens Point** and mail to: **UW-Stevens Point Continuing Education, 2100 Main St. 032 Main Bldg., Stevens Point, WI, 54481**

Credit Cards: We accept; Discover, MasterCard, and Visa

Card Holders Name _____ Email address for Receipt _____

Address _____ City _____ State _____ Zip _____ Phone # _____

Card Number _____ EXP Date _____

If you can pay by credit card, PLEASE use our online registration instead! Go to tinyurl.com/CirclesofLife2019