

Conference Registration

DANIEL MEMORIAL INSTITUTE

30th Annual "Growing Pains 2017" National Independent Living Conference for Adults and Youth
August 29-September 1, 2017 ~ Rosen Center Hotel - Orlando, FL

PLEASE TYPE OR PRINT CLEARLY. This form must be completed in full. Duplicate copies are accepted. Use one form for each registration.

Circle One: **Adult Attendee** **Youth Attendee*** If youth attendee, indicate name of chaperone on "Title" line

***Note:** "Youth" attendees are determined by the appropriate workshop topics applicable (not necessarily by age). Adult workshops are geared to professionals working with youth in independent living and foster care programs whereas the youth workshops are geared to those needing to develop the skills necessary to transition into independent living.

Name: _____

Title (If youth, Chaperone Name and a cellular phone number **required**): _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

A gift for our paid registrants!! T-Shirt Size: (*circle one*) Small Medium Large X-Large XX-Large XXX-Large

REGISTRATION OPTIONS: *Check One*

Register on or before July 26, 2017

Register on or after July 27, 2017

Youth Registration Rates

- \$265.00 Conference Only (Aug 30-Sept 1)
- \$360.00 Pre-Con and Conference (Aug 29-Sept 1)

Adult Registration Rates

- \$295.00 Conference Only (Aug 30-Sept 1)
- \$390.00 Pre-Con and Conference (Aug 29-Sept 1)

Youth Registration Rates

- \$305.00 Conference Only (Aug 30-Sept 1)
- \$450.00 Pre-Con and Conference (Aug 29-Sept 1)

Adult Registration Rates

- \$345.00 Conference Only (Aug 30-Sept 1)
- \$490.00 Pre-Con and Conference (Aug 29-Sept 1)

\$245.00 **Discounted Presenter Rate.**

Will you attend the pre-conference?

Please Let Us Know If You Have Any Special Needs (Dietary, seating, wheelchair, etc.)

NOTE: Paid registrations with no shirt size indicated will receive an XL by default.

WORKSHOP SELECTIONS

Providing selections assists in room assignments only and does not guarantee seating.

Pre-Conference _____

Session A _____

Session B _____

Session C _____

Session D _____

Session E _____

Session F _____

MARKETING SURVEY

How did you hear about the conference?

- Brochure via mail
- Email marketing
- Facebook posts
- IL State Coordinator
- DMI Website
- Postcard
- NILA website/newsletter
- Other: _____

METHOD OF PAYMENT: *(check one)*

- Check Enclosed (Ck# _____)
(Make check payable to Daniel Memorial, Inc. - Federal ID# 59-3067752)
- Purchase Order # _____ Attach or fax purchase order to (904) 353-3472
- Credit Card (American Express, MasterCard, Visa, Discover)

Card Number: _____

Expiration Date: _____ Security #: _____

Name on Card: _____

Signature: _____

Transfer/Cancellation policy: Transfer of registration to another person may be done at any time without a fee. Please notify the Conference Coordinator of all changes. All requests for cancellation must be received in writing and postmarked by the following dates to receive a refund. A full refund (less a \$50 processing fee) is available through August 1, 2017. A 50 percent refund (less a \$50 processing fee) is available through August 15, 2017. No refunds thereafter. **Please note if you do not cancel or attend the conference you are still responsible for payment.**

Submit forms or contact for information:

Email: swaugerman@danielkids.org
Stephanie Waugerman,
Associate Director of Conferences
4203 Southpoint Blvd.
Jacksonville, FL 32216
Phone: (800) 226-7612
Fax: (904) 353-3472

Easy online registration available at www.danielkids.org