

Conference Registration

DANIEL MEMORIAL INSTITUTE

31st Annual "Growing Pains 2018" National Independent Living Conference for Adults and Youth
August 28-31, 2018 ~ San Antonio Marriott Rivercenter - San Antonio, TX

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 23, 2018

Register on or after July 24, 2018

Youth Registration Rates

- \$265.00 Conference Only (Aug 29-31)
 \$360.00 Pre-Con and Conference (Aug 28-31)

Adult Registration Rates

- \$295.00 Conference Only (Aug 29-31)
 \$390.00 Pre-Con and Conference (Aug 28-31)

Youth Registration Rates

- \$305.00 Conference Only (Aug 29-31)
 \$450.00 Pre-Con and Conference (Aug 28-31)

Adult Registration Rates

- \$345.00 Conference Only (Aug 29-31)
 \$490.00 Pre-Con and Conference (Aug 28-31)

\$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.) prior to the conference start.

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 July 31, 2018. A 50 percent refund (less a \$50 processing fee) is available through August 14, 2018. 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: conferences@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