

CONFERENCE REGISTRATION

DANIEL MEMORIAL INSTITUTE ~ MAY 6-8, 2020 ~ KISSIMMEE, FLORIDA

Please complete this form for each participant. Photo copy this page as needed.

Name: (as it will appear on name badge) _____

Title: _____

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Registration Fees: (check selection)

To be eligible for the early registration rate, your registration and payment MUST be received by April 8, 2020.

Early Rates: Registered on or before April 8, 2020

- \$115 - Pre-Conference Institute: May 6
 \$215 - Foster Care Conference: May 7-8

Register for both and save!

- \$300 - Pre-Conference &
Foster Care Conference: May 6-8

Late Rates: Registered on or after April 9, 2020

- \$160 - Pre-Conference Institute: May 6
 \$265 - Foster Care Conference: May 7-8

Register for both and save!

- \$395 - Pre-Conference &
Foster Care Conference: May 6-8

- \$165 Discounted Presenter Registration Rate.** Will you attend the pre-conference?

{one} Primary Presenter Registration (waived)

Will you attend the pre-conference?

Total Amount Due: \$ _____

Payment Options: (check one)

- Check Enclosed** Ck # _____
Make payable to Daniel Memorial, Inc. / Federal ID# 59-3067752

- Credit Card** (American Express, MasterCard, Visa, Discover)

Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____ Billing Zip: _____

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** by the following dates to receive a refund. A full refund (less a \$50 processing fee) is available through April 1, 2020. A 50 percent refund (less a \$50 processing fee) is available through April 15, 2020. No refunds thereafter. *Please note if you do not cancel or attend the conference you are still responsible for payment.*

Workshop Preferences (optional):

Please indicate your first choice workshop selection for each session. **Providing selections assists in room assignments only and does not guarantee seating.** Popular workshops may be crowded, so please arrive early. Thank you. Daniel Memorial Institute reserves the right to cancel any workshop at any time.

Thursday: Session A _____ Session B _____ Session C _____

Friday: Session D _____ Session E _____ Session F _____

Please let us know below if you have any special needs (dietary, seating, wheelchair, etc.) prior to the conference start. *Special dietary meal requirements must be arranged with the conference director at least 24 hours prior to the meal function:*

How did you hear about this conference? Check all that apply

- Email marketing
 Brochure via mail
 Daniel Memorial Institute website
 Social Media posts
 Save the date postcard
 Other _____

Submit form or direct questions to:

Email/Scan: conferences@danielkids.org

-or-

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