

CONFERENCE REGISTRATION

DANIEL MEMORIAL INSTITUTE

33rd Annual "Growing Pains 2020" National Independent Living Conference for Adults and Youth
September 1-4, 2020 Rosen Centre 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: _____

REGISTRATION OPTIONS: *Check One*

Register on or before August 4, 2020

Youth Registration Rates

- \$285.00 Conference Only (Sept 2-4)
 \$380.00 Pre-Con and Conference (Sept 1-4)

Adult Registration Rates

- \$315.00 Conference Only (Sept 2-4)
 \$410.00 Pre-Con and Conference (Sept 1-4)

Please let us know 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. _____

Register on or after August 5, 2020

Youth Registration Rates

- \$325.00 Conference Only (Sept 2-4)
 \$470.00 Pre-Con and Conference (Sept 1-4)

Adult Registration Rates

- \$365.00 Conference Only (Sept 2-4)
 \$510.00 Pre-Con and Conference (Sept 1-4)

{one} Primary Presenter Registration Will you attend the pre-conference?

\$265.00 Discounted Presenter Rate
Will you attend the pre-conference?

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
 Social Media posts
 IL State Coordinator
 DMI Website
 Postcard
 Other: _____

Is this your first time attending the GP Conference? Yes No

METHOD OF PAYMENT: *(check one)*

- Check Enclosed (Ck# _____)
(Make check payable to Daniel Memorial, Inc. - Federal ID# 59-3067752)
 Credit Card (American Express, MasterCard, Visa, Discover)

**** Paid registrations with no shirt size indicated will receive an XL by default. Registrations received less than 2 weeks prior to event start may not receive requested size.**

Card Number: _____

Expiration Date: _____ Security #: _____

Name on Card: _____ Billing Zip: _____

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** by the following dates to receive a refund. A full refund (less a \$50 processing fee) is available through July 28, 2020. A 50 percent refund (less a \$50 processing fee) is available through August 10, 2020. 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