

CONFERENCE REGISTRATION

DANIEL MEMORIAL INSTITUTE ~ MAY 31-JUNE 2, 2023 ~ ORLANDO, 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: _____

Email: _____

Registration Fees: (check selection)

To be eligible for the early registration rate, your registration and payment MUST be received by May 3, 2023

Early Rates: Registered on or before May 3, 2023

- \$125 - Pre-Conference Institute:** May 31
 \$225 - Foster Care Conference: June 1-2

Register for both and save!

- \$320 - Pre-Conference & Foster Care Conference:** May 31-June 2

Late Rates: Registered on or after May 4, 2023

- \$170 - Pre-Conference Institute:** May 31
 \$275 - Foster Care Conference: June 1-2

Register for both and save!

- \$415 - Pre-Conference & Foster Care Conference:** May 31-June 2

- \$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 26, 2023. A 50 percent refund (less a \$50 processing fee) is available through May 10, 2023. 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