

CONFERENCE REGISTRATION

DANIEL MEMORIAL INSTITUTE

35th Annual "Growing Pains 2023" National Independent Living Conference for Adults and Youth
August 16-19, 2023 Sheraton Downtown Denver Hotel, Denver, CO

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 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 (youth attendees provide Chaperone Name and cellular phone **required**): _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

REGISTRATION OPTIONS: *Check One*

Register on or before July 18, 2023

Register on or after July 19, 2023

Youth Registration Rates

- \$295.00 Conference Only (Aug 16-19)
 \$390.00 Pre-Con and Conference (Aug 30-Sept 2)

Youth Registration Rates

- \$335.00 Conference Only (Aug 16-19)
 \$480.00 Pre-Con and Conference (Aug 16-19)

Adult Registration Rates

- \$325.00 Conference Only (Aug 17-19)
 \$420.00 Pre-Con and Conference (Aug 30-Sept 2)

Adult Registration Rates

- \$375.00 Conference Only (Aug 17-19)
 \$520.00 Pre-Con and Conference (Aug 17-19)

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. _____

- {one} Primary Presenter Registration** Will you attend the pre-conference?
 \$275.00 Discounted Co-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?

- Email marketing
 Social Media posts
 IL State Coordinator
 DMI Website

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)

Card Number: _____

Expiration Date: _____ Security #: _____

Name on Card: _____ Billing Zip: _____

Signature: _____

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

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 11, 2023. A 50 percent refund (less a \$50 processing fee) is available through July 25, 2023. No refunds thereafter. Please note if you do not cancel or attend the conference you are still responsible for payment.

Easy online registration available at www.danielkids.org