

CONFERENCE REGISTRATION

DANIEL MEMORIAL INSTITUTE ~ May 22-24, 2024 ~ 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 April 24, 2024

Early Rates: Registered on or before April 24, 2024

\$125 - Pre-Conference Institute: May 22

\$225 - Foster Care Conference: May 23-24

Register for both and save!

\$320 - Pre-Conference & Foster Care Conference: May 22-24

Late Rates: Registered on or after April 25, 2024

\$175 - Pre-Conference Institute: May 22

\$275 - Foster Care Conference: May 23-24

Register for both and save!

\$415 - Pre-Conference & Foster Care Conference: May 22-24

\$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 17, 2024. A 50 percent refund (less a \$50 processing fee) is available through May 1, 2024. 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 _____

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