

Registration FORM



REGISTRATION INSTRUCTIONS: One (1) registration form per person.

If additional forms are needed, photocopies are acceptable.
Download a form, or phone (208) 830-8129 or (208) 376-4999 ext. 201.

Please mail registration form and payment to:

Idaho Partnerships Conference
on Human Services,
P.O. Box 170400 • Boise, ID 83717

(Please make checks payable to:
Idaho Partnerships Conference
on Human Services)

Or fax/email form and payment:

Community Partnerships of Idaho
Fax: (208) 376-4988
Email: conference@cp-of-idaho.com

PURCHASE ORDERS (FROM STATE OF IDAHO)

Please include purchase order with participant's registration(s). We will bill you.

Certificate of Completion
(documentation for CEU or CRC credit):
Included in registration fee

conference coordinated by:



Community Partnerships
of Idaho, Inc

www.cp-of-idaho.com

*Last Name _____ *First Name _____

*Company/Org. _____ Position _____

Address _____

City _____ State, Zip _____ Phone _____

Fax _____ E-Mail _____

**This information will be on your nametag.*

Any special NON-FOOD accommodations (i.e. interpreter) _____

THURSDAY, OCTOBER 13th, 2011

Session #1 circle ONE:	A1	B1	C1	D1	E1	F1	G1	H1	I1
Session #2 circle ONE:	A2	B2	C2	D2	E2	F2	G2	H2	I2
Session #3 circle ONE:	A3	B3	C3	D3	E3	F3	G3	H3	I3

COMPLIMENTARY LUNCH:*

Thursday: YES NO

Friday: YES NO

**You will have the option of requesting a vegetarian meal at the luncheon. If you require special dietary needs, please make your own accommodations.*

FRIDAY, OCTOBER 14th, 2011

Session #4 circle ONE:	A4	B4	C4	D4	E4	F4	G4	H4	I4
Session #5 circle ONE:	A5	B5	C5	D5	E5	F5	G5	H5	I5
Session #6 circle ONE:	A6	B6	C6	D6	E6	F6	G6	H6	I6

Registration Fees:

	on or before 9/20	after 9/20	day of
2-Day Conference:	\$95	\$105	\$125
1-Day Conference:	\$75	\$85	\$105

REG. FEE: \$ _____

20% Inspirational Sponsorship discount,
if member of ICDD or ASTVC

-\$ _____

Pmt. Enclosed: \$ _____

CREDIT CARD/PURCHASE CARD PAYMENT

Credit or P. Card (circle one) VISA M/C

Billing Address _____

Cardholder Name _____

Card Number _____ Exp. Date _____ City _____ State _____ Zip _____

Cardholder Signature/Charge Authorization:

Signature _____

Date _____



Total Amount Charged

\$ _____