

# 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, IADDA 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**

\$ \_\_\_\_\_