



REGISTRATION FORM

Use a separate form for each participant registering.

Mail to: Fargo Park District, Attn Shawn, 701 Main Ave, Fargo, ND 58103

Participant Name: _____ Job Title: _____

Birth Date: _____ Organization (if applicable): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ E-mail Address: _____

Your registration fee includes: One day conference, Food and beverages during breaks, Noon lunch on Wednesday, Certificate of attendance, Contact hours

Registration info	Bernie Johnson	701.356.1422	bjohnson@valleyseniors.org
Exhibit information	Laura Maeyaert.....	701.365.8240	
	Julie Marxen.....	218.299.5514	
Sponsor information	Staci Metzger	701.237.4629	
Lodging information	Delta by Marriott.....	701.277.9000	Fargo, ND

A lodging conference rate of \$114 (standard room) or \$124 (2-room suite) is available for reservations. When making reservations, please mention the Northern Plains Conference on Aging and Disability.

Special accommodations

This conference is being held in an accessible facility. Persons needing accommodations, auxiliary aides or special dietary arrangements should contact Brian Arett at 701.356.1420.

Conference planning committee

Katie Ambuehl, Brian Arett, Christina Bartos, Karla Benson, Kendra Binger, Amy Dallmann, Carmen Escobar, Sue Humphers-Ginther, Bernie Johnson, Mandi Kallhoff, Laura Maeyaert, Julie Marxen, Staci Metzger and Diane Osland.

Cancellations

Please submit all cancellation requests by September 28. No refunds will be issued for cancellations after September 28.

Contact hours

Contact hours are included in the fee for ND Board of Social Work. Certificates of attendance will be available to submit for other disciplines. The entire conference is 6 hours (pending) with 2 hours of Ethics awarded.

Professional and general fees: Before 9/28: \$50 After 9/28: \$60 On-site: \$70
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Payment is due upon registration. Registrations will not be processed without payment. One check per form.

PAYMENT INFORMATION

Payment Method:	Credit Card	Cash	Check	Amount Enclosed/Authorized \$: _____	
Credit Card Information:	Visa	MasterCard	Discover	American Express	Today's Date: _____
Credit Card #:	_____	Exp. Date:	_____	CVV:	_____
Billing Address:	_____				
_____	_____				
Name on Card (Print)	Signature of Cardholder				

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