

International Death, Grief and Bereavement Conference • June 3-6, 2012 Program #112-74-06

Name: _____
Employer _____ Occupation: _____
Address: _____
(Employer or Home – circle one)
City: _____ State/Prov.: _____ Zip/Postal: _____
Daytime Phone: _____ Fax: _____
E-mail address: _____

How did you hear about this program? (Please choose one only)

Brochure/Postcard Web site E-mail Billboard Word of Mouth Newspaper Other _____

Pre-Conference Only: \$145

June 3, 2012, WORKSHOP (8:30 a.m.-4 p.m., includes continental breakfast, lunch, breaks & instructional materials) \$ _____

Conference Only:

ONE DAY REGISTRATIONS ONLY

MONDAY ONLY (June 4th) — \$190, includes continental breakfast, lunch and instructional materials \$ _____

TUESDAY ONLY (June 5th) — \$190, includes continental breakfast, lunch and instructional materials \$ _____

WEDNESDAY ONLY (June 6th) — \$80, includes continental breakfast and instructional materials \$ _____

JUNE 4-6, 2012 (Include continental breakfasts, lunches, refreshments, and instructional materials)

\$349 EARLY – ON OR BEFORE 4/13/12 \$ _____

\$449 LATE – AFTER 4/13/12 \$ _____

\$195 - STUDENT RATE (Photocopy of student i.d. must accompany registration.) \$ _____

Check which CEUs you need: ADEC General Nursing Psychologist Social Work Counselor

Check if you need proof of attendance: **Chaplain** (a \$15 processing fee is required for each box checked) \$ _____

Outing: St Rose's Chapel Tour, Dinner and Ice Cream (Minimum = 15)

Excursion includes tour of St Rose Chapel, dinner at Buzzard Billy's, followed by ice cream at the Pearl (an old fashion ice cream shoppe.)

\$17- Sunday, JUNE 3, 2012; 4:30-8:30 p.m. \$ _____

(The fee includes transportation pickup and return to hotel/campus, tour of St Rose's Chapel and ice cream. DINNER IS AT PARTICIPANT'S EXPENSE.)

On-Campus Room Reservations:

To guarantee your room reservation, please check all dates on-campus accommodations will be needed.

\$38/night/person, includes blanket, sheets, pillow, pillowcase, internet access for June 2-6 (Towel package available for purchase at time of Reuter Hall check-in or bring your own.)

Sunday, June 3
Monday, June 4
Tuesday, June 5
Wednesday, June 6

Reuter Hall:

Each suite has four bedrooms, a kitchen, living room and a shared bathroom. Four people will be assigned per apartment suite.

*If applicable, indicate the name(s) you are sharing a suite with:

\$ _____

Total Amount Due: \$ _____

Cancellation Policy: Full refund less \$50 processing fee before May 7, 2012. No refunds on or after May 7. Substitutions will be accepted.

Method of Payment:

____ Check – made payable to UW-La Crosse _____ MasterCard _____ Visa _____ American Express

____ / ____
Credit Card # _____ Exp. Date _____ Cardholder's signature _____

Name as it appears on the card Corporation/organization, if corp. or org. card

Special Needs: Please indicate any special needs you may have, including meals:

Return this form along with your method of payment:

By mail: University of Wisconsin-La Crosse
Continuing Education/Extension Registration
205 Morris Hall, 1725 State Street
La Crosse, WI 54601

By fax: 608.785.6547
By phone: 608.785.6504
Online: www.uwlax.edu/conted
Toll free 1.866.895.9233

Registration implies permission for photos, publicity & inclusion in a participant list unless Continuing Education and Extension is notified in writing prior to the program.