

International Death, Grief and Bereavement Conference • June 6-9, 2010 Program #090-44-06

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

Pre-Conference Only: \$135

- June 6, 2010 WORKSHOP** (8:30 a.m.-4 p.m., includes continental breakfast, lunch, breaks & instructional materials) \$ _____
- La Crosse Queen Boat Cruise - \$20** (per person), includes cruise ticket, complimentary pizza and beverages \$ _____

Conference Only:

- ONE DAY REGISTRATIONS ONLY**
 - MONDAY ONLY** — \$175, includes continental breakfast, lunch and instructional materials \$ _____
 - TUESDAY ONLY** — \$175, includes continental breakfast, lunch and instructional materials \$ _____
 - WEDNESDAY ONLY** — \$65, includes continental breakfast and instructional materials \$ _____
- JUNE 7-9, 2010** (Include continental breakfasts, lunches, refreshments, and instructional materials)
 - \$329 EARLY – ON OR BEFORE 4/23/10** \$ _____
 - \$397 LATE – AFTER 4/23/10** \$ _____
 - \$185 - STUDENT RATE** (Photocopy of student i.d. must accompany registration.) \$ _____

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

Check if you need proof of attendance: **Chaplain**

(a \$15 processing fee is required for each box checked) \$ _____

On-Campus Room Reservations:

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

\$36/night/person, includes blanket, sheets, pillow, pillowcase, internet access for June 5-8 (Towel package available for purchase at time of Reuter Hall check-in or bring your own.)

- Saturday, June 5
- Sunday, June 6
- Monday, June 7
- Tuesday, June 8
- Wednesday, June 9

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 10, 2010. No refunds on or after May 10. 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.