

**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) \$ \_\_\_\_\_

**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](http://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.*