



Date of Application \_\_\_\_\_

**- Please Print -**

First Name \_\_\_\_\_ (This will be the name on your name tag.)

Last Name \_\_\_\_\_

Attendee Position in Org. / Agency \_\_\_\_\_

Name of Org. / Agency \_\_\_\_\_

Type of Org. / Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone \_\_\_\_\_ / \_\_\_\_\_ Work Phone \_\_\_\_\_ / \_\_\_\_\_

Fax \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

I plan on attending these meals:

Breakfast – Day 1                       Breakfast – Day 2                       Vegetarian Option (for all meals)

Lunch – Day 1                               Lunch – Day 2

**Early Bird Registration** =\$189, available through May 4, 2012  
**Late Registration** = \$289 - after May 4, 2012, pending availability

Please mail checks to: **P.O. Box 245 Kuna ID 83634**

**I understand that if my payment is not received in 30 calendar days (from date on this form), my registration may be removed from the attendee list. Cancellations must be received in writing via mail, fax, or email. Requests of cancellation received prior to or on May 4, 2012 will receive a 50% refund. No refunds will be made after May 4, 2012. No exceptions.**

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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**THIS SECTION - OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA**

Date Registration Received - \_\_\_\_\_ Date Payment Received - \_\_\_\_\_