

REGISTRATION FOR 2018 CONFERENCE AND MEALS

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denomination/Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name as you want it for name tag\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Guest spouses, significant others, life partners, and family may attend by only paying for meals and lodging.***

PROFESSIONAL REGISTRATION INCLUDING MEALS, BANQUET & BREAKS

 $\_\_\_\_\_\_\_3 Day Conference Attendance $250 (after September 21 cost increases to $280)

 $\_\_\_\_\_\_\_Monday Only Attendance $165 (after September 21 cost increases to $180)

Limited number of CPE Student scholarships are available; please contact Shannon Finger, shannon.finger@RainbowHospicecare.org.

For special diet or certified Kosher meals contact Shannon Finger, shannon.finger@RainbowHospicecare.org, before September 14

MEALS FOR GUESTS OF REGISTERED CHAPLAINS

$\_\_\_\_\_\_\_Meal Only for Full Conference $150 *(Sunday supper – Tuesday lunch)*

$\_\_\_\_\_\_\_\_TOTAL ENCLOSED (registration for chaplains & meals for Guests)

 \_\_\_\_\_\_ Check enclosed payable to Wisconsin Chaplaincy Association.

***Cancellations prior to September 14 are subject to a $25 cancellation fee. No refunds are possible after September 14, 2018.*** Registering for this conference makes you a member of the Wisconsin Chaplaincy Association for calendar year 2018.

**▶**Hotel reservations are made directly with the Heidel House: 920-294-3344 or 1-800-444-2812**◀**

Room rates are at the state/federal employee rate: Single $82 / Double $92 (additional over double occupancy: $15 each)

*You must provide a state-issued tax exemption number to get these rates. We will provide this for student & retired chaplains.*

*Room rates guaranteed only until September 14.*

Receipts for registration will be sent to the e-mail address provided above.

\_\_\_My employer requires an invoice for payment.

***Please provide a PO # (if needed) and the e-mail or mail address to send the invoice to:***

Purchase order #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if needed) Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Direct invoice to a specific person/Department ***Invoices will be sent by e-mail whenever possible***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail or street address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail completed Registration and check to:

Rainbow Hospice Care

Attn.: Shannon Finger

1225 Remmel Dr.

Johnson Creek, WI 53094