



14th Annual Caregivers Conference Mail/Fax Registration Form

May 5, 2010

The Lutheran Church of St. Andrew
15300 New Hampshire Ave, Silver Spring, MD 20905

Register online at www.caregiversconference.org (credit cards, checks and purchase orders). All participants who register online by April 19, 2010 are eligible to receive a customized boxed lunch. If you choose not to register online, you will select from an assortment of sandwiches at the conference.

**** DO NOT COMPLETE THIS FORM IF YOU REGISTER ONLINE ****

Salutation: Mr. Ms. Mrs. Dr. Rev.

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Day Fax: _____ Cell: _____

Congregation: _____
(If you belong to a congregation, please provide the name.)

CEU Sign-up: Yes No Sign-up Deadline: April 19, 2010 Optional Field Trip: Yes No

TRACKS

Track Attendance: Track descriptions available at www.CaregiversConference.org. Please check only ONE box for each session.

Early Morning Session 1 (10:00 a.m. – 11:15 a.m.)	Late Morning Session 2 (11:30 a.m. – 12:45 p.m.)
<input type="checkbox"/> Track A1: Emergency Tool Kit (<i>Utility/Energy</i>)	<input type="checkbox"/> Track A2: Emergency Tool Kit (<i>Self-Sufficiency/Financial Literacy</i>)
<input type="checkbox"/> Track B1: Health Care Blues (<i>Pharmacy/Assistance</i>)	<input type="checkbox"/> Track B2: Health Care Blues (<i>Legislation/Advocacy</i>)
<input type="checkbox"/> Track C1: Employment (<i>Job Readiness/Support</i>)	<input type="checkbox"/> Track C2: Employment (<i>New Opportunities</i>)
<input type="checkbox"/> Track D1: Caregivers Clinic (<i>Capacity Building</i>)	<input type="checkbox"/> Track D2: Caregivers Clinic (<i>Stressed Out/Personal Growth</i>)

PAYMENT INFORMATION

Member Discounted Price (ends March 15, 2010): \$35 **Payment Method:** Check Credit Card Purchase Order

General Registration (ends April 19, 2010): \$40 Visa MasterCard

On-Site Registration (May 5, 2010): \$45

Full payment is required with completed registration form. Please make checks payable to **INTERFAITH WORKS**.

Credit Card: I authorize Interfaith Works to charge the amount of \$ _____:	Purchase Order: (Attach copy of PO)
Card Number _____ Expiration Date _____	Purchase Order # _____ Agency Name _____
Print name as it appears on Credit Card _____ Authorized Signature _____	Authorized Signature _____

Fax to (443) 458-0973 before April 19, 2010 for credit card payments only!	Mail to: Infinity Registration, LLC c/o Caregivers 2010 PO Box 6550, Largo, MD 20792-6550	For questions, please e-mail Contact@InfinityRegistration.com or call (301) 333-5110.
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Refund Policy: Send your request in writing to R. Robinson at Interfaith Works/CMMC by April 19, 2010. We will charge a \$10 administrative fee and mail the balance of your refund by check via US mail. **No refunds after April 19, 2010.**