



Circles of Life Conference

May 16 -17, 2024

Please print clearly with **one adult registration** per form and mail with check payment.

To pay with a credit card, please use the online link at familyvoiceswi.org/circles-of-life-conference/

First Name _____ Last Name _____

*Company/Agency _____

**If applicable*

Address _____ City _____ State _____

Zip Code _____ County _____ Phone _____

**Email _____

***Please print clearly and double-check for accuracy. All conference communication will be done via email.*

Have you attended the conference before?

- Yes** - If yes, how many times have you attended? _____
- No**

***Special Accommodations Needed _____

****Any special accommodation requests must be made two weeks in advance of the conference.*

To better understand the families we serve, the Circles of Life Conference is collecting some extra information. You do not need to answer these questions. Your answers will not be connected to your registration, but instead used to help us reach as many families as possible.

Please check how you see your race. (optional)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other: _____
- Prefer not to answer

How did you hear about the conference?

- Received an email
- Website
- Facebook, Instagram, other social media platforms
- My child's school
- Co-workers and/or other professionals
- Children's Long-Term Support Service Coordinator
- Other: _____

Please check how you view your ethnicity or origin. (optional)

- Hispanic, Latino, or Spanish origin
- Not of Hispanic, Latino, or Spanish origin
- Prefer not to answer

Does your child/family currently participate in the Birth to 3 Program, Children's Long-Term Support (CLTS) Program, or an adult long-term support program (Family Care or IRIS)?

- Yes
- No
- If Yes, which programs? _____

REGISTRATION FEE(S) - Please complete one form PER ADULT REGISTRANT

Parent/Family Member of Child with Disability

In-Person \$150 \$_

Virtual Only (Family) \$60 \$_

Student/Child 1 – Name & Age: _____ \$100 \$_

Student/Child 2 – Name & Age: _____ \$100 \$_

Student/Child 3 – Name & Age: _____ \$100 \$_

Student/Child 4 – Name & Age: _____ \$100 \$_

Student/Child 5 – Name & Age: _____ \$100 \$_

Professional

In-Person \$325 \$_

Virtual Only \$150 \$_

In-Person Caregiver or Other Adult (Meals Only) \$100 \$_

TOTAL AMOUNT DUE: \$_

Please check all meals you plan to attend:

Thursday, May 16: __ Breakfast __ Lunch __ Dinner / **Friday, May 17:** __ Breakfast __ Lunch

(Note: if your plans change, NOBODY will be turned away from eating meals at the event.)

Will your child be attending the Gathering of Youth? *Gathering of Youth, a separate conference track for youth ages 13-22 with disabilities, is free to families who have registered for the conference. Sessions run from 9:00 am Thursday, May 16 until noon on Friday, May 17. Separate registration is required.*

Yes No

Will your child be attending the Sibshop? *This program is designed for typically developing brothers and sisters of a child with a disability, ages 8 to 13. Sessions run from 9:00 to 12:00 on Thursday, May 16. Separate registration is required.*

Yes No

Make Check Payable to UWSP.

Mail to:

UWSP Continuing Ed
Attn: 402406
2100 Main St., 032 Old Main Building
Stevens Point, WI 54481
Fax: 715-346-3504

Cancellations/Substitutions/No Shows: Per the agreed to terms and conditions, full refunds granted upon receipt of a written request to uwspce-conf@uwsp.edu **no later than Monday, April 22, 2024.** Canceling your hotel room does not cancel your conference registration. You will need to contact UWSP Continuing Education at the above address to make the cancellation. Refunds **requested between April 22-May 3, 2024, will be assessed a \$25 processing fee. No refunds will be given on or after May 4, 2024.** Substitutions can be made at any time, **but no shows will be responsible for the full conference fee.** Last-minute registrations cannot be guaranteed meals or materials.