



**MAY 14 - 15, 2026 | HOLIDAY INN STEVENS POINT**

**Circles of Life Conference Registration**

Hotel costs and reservations are processed separately  
and directly with the Holiday Inn.

Are you requesting that the Children's Long-Term Support (CLTS) Program, Family Care or IRIS Program cover conference registration fees? **YES / NO**

**If yes, the following information is required:**

Eligible Person's First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Person's County of Residence/Eligibility: \_\_\_\_\_

Service Coordinator/Care Manager or IRIS Consultant Information

Name: \_\_\_\_\_ Telephone: (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** You are responsible for working with your service coordinator/Care Manager or IRIS Consultant to add this to the service plan. Family Voices of Wisconsin must have a Prior Authorization (PA) before the start of the conference. **Your registration(s) are not final until these steps are completed.** Family Voices will send you an email confirming receipt of your Prior Authorization.

For help with your registration email [Beth@fvofwi.org](mailto:Beth@fvofwi.org).

**I am registering Adult 1 for May 14 – 15: Parent/Family Member \$225 Registration Fee**

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

Email\*(required) \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Accommodations Requested (e.g., Spanish or ASL interpreter):

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*Reasonable accommodation will be provided at no cost. Requests must be made when registering for the conference and at least one month in advance of the conference.*

**Adult 1 Meals (Circle meals this person plans to attend)**

Meals Adult 1 will attend: Thurs. breakfast / Thurs. lunch / Thurs. dinner / Friday breakfast

**Please indicate which sessions Adult 1 plans to attend** (you can change your selection if needed)

Session "A" Thurs. May 14, 10:30 -11:45: 1 2 3 4 5 6 7   No A Session

Session "B" Thurs. May 14, 1:15-2:30: 8 9 10 11 12 13   No B Session

Session "C" Thurs. May 14, 3:00-4:15: 14 15 16 17 18 19 20 (2-hrs)   No C Session

Session "D" Fri. May 15, 9-10:15: 21 22 23 24 25   No D Session

Session "E" Fri. May 15, 10:30-11:45: 26 27 28 29 30   No E Session

  I am **registering Adult 2 for May 14 – 15: Parent/Family Member \$225 Registration Fee**

**\*Note:** if the second adult is a caregiver during the conference, then enter their information in that section below rather than here.

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

Email\*(required to be different than Adult 1) \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Accommodations Requested (e.g., Spanish or ASL interpreters):

*Reasonable accommodation will be provided at no cost. Requests must be made when registering for the conference and at least one month in advance of the conference.*

**Adult 2 Meals (Circle meals this person plans to attend)**

Meals for Adult 2: Thurs. breakfast / Thurs. lunch / Thurs. dinner / Friday breakfast

**Please indicate which sessions Adult 2 plans to attend.** You can change your selection at any time.

Session "A" Thurs. May 14, 10:30 -11:45: 1 2 3 4 5 6 7   No A Session

Session "B" Thurs. May 14, 1:15-2:30: 8 9 10 11 12 13   No B Session

Session "C" Thurs. May 14, 3:00-4:15: 14 15 16 17 18 19 20 (2-hrs)   No C Session

Session "D" Fri. May 15, 9:00-10:15: 21 22 23 24 25   No D Session

Session "E" Fri. May 15, 10:30-11:45: 26 27 28 29 30   No E Session

**Gathering of Youth Registration \$225. Must be a youth with a disability, ages 10 and 18. At least one parent must be registered for the conference and be on site during the event.**

**Youth 1 First Name** \_\_\_\_\_ **Youth 1 Last Name** \_\_\_\_\_

**Youth 1 - Age as of May 14, 2026:** \_\_\_\_\_

Special Accommodations Requested (e.g., Spanish or ASL interpreters):

*Reasonable accommodation will be provided at no cost. Requests must be made when registering for the conference and at least one month in advance of the conference.*

**Circle all Meals Youth 1 will attend:** Thurs. Breakfast / Thurs. Lunch / Thurs. Dinner / Fri. Breakfast

**Note:** You must complete the additional Gathering of youth Intake form – this will be sent to you after you register your child/teen for Gathering of Youth.

**Gathering of Youth Registration \$225. Must be a youth with a disability, ages 10 and 18.**

**Youth 2 First Name** \_\_\_\_\_ **Youth 2 Last Name** \_\_\_\_\_

**Youth 2 - Age as of May 14, 2026:** \_\_\_\_\_

Special Accommodations Requested (e.g., Spanish or ASL interpreters):

*Reasonable accommodation will be provided at no cost. Requests must be made when registering for the conference and at least one month in advance of the conference.*

**Circle all Meals Youth 2 will attend:** Thurs. Breakfast / Thurs. Lunch / Thurs. Dinner / Fri. Breakfast

**Note:** You must complete the additional Gathering of Youth Intake form for this child.

If you have additional Youth to register, please provide all details noted above for each person.

## SibShop Registration

This session is designed for “typical” siblings of a child with a disability. The child attending a Sibshop cannot also have a disability or special health care need. There are two different sessions for ages 8-12 and ages 13-17.

Thursday 9:00 – 11:45: Sibshop ages 8 – 12

Thursday 1:15 – 3:15: TEEN Sibshop ages 13- 17

The parent/family is responsible for caring for their child when not in the Sibshop session.

Sibshop \$125 Registration Fee

Sibling 1 First Name: \_\_\_\_\_ Sibling 1 Last Name: \_\_\_\_\_

Sibling 1 – Age as of May 14, 2026: \_\_\_\_\_

Circles all Meals Sibling 1 will attend: Thurs. Breakfast / Thurs. Lunch / Thurs. Dinner / Fri. Breakfast

Note: You must complete the additional registration details.

Sibshop \$125 Registration Fee

Sibling 2 First Name: \_\_\_\_\_ Sibling 2 Last Name: \_\_\_\_\_

Sibling 2 – Age as of May 14, 2026: \_\_\_\_\_

Select All Meals Sibling 2 will attend: Thurs. Breakfast, Thurs. Lunch, Thurs. Dinner, Fri. Breakfast

Note: You must complete the additional registration details.

If you have additional Siblings to register, please provide all details noted above for each person.

**Caregiver/Chaperone** of children with disabilities – attending ONLY to support a child and not planning to attend workshops (1 per family)

Caregiver First Name: \_\_\_\_\_ Caregiver Last Name: \_\_\_\_\_  
Circles all Meals Caregiver will attend: Thurs. Breakfast / Thurs. Lunch / Thurs. Dinner / Fri. Breakfast

**Other Children** attending Conference but not Gathering of Youth or Sibshop

\$125 each child. Ages 5 and younger NO COST

First Name Child 1 \_\_\_\_\_ Last Name Child 1 \_\_\_\_\_ Age \_\_\_\_\_

First Name Child 2 \_\_\_\_\_ Last Name Child 2 \_\_\_\_\_ Age \_\_\_\_\_

First Name Child 3 \_\_\_\_\_ Last Name Child 3 \_\_\_\_\_ Age \_\_\_\_\_

First Name Child 4 \_\_\_\_\_ Last Name Child 4 \_\_\_\_\_ Age \_\_\_\_\_

## **Cancellations/Substitutions/No Shows:**

Refunds requested before April 15, 2026, will be assessed as a \$25 processing fee. Please send your request to: [uwspce-conf@uwsp.edu](mailto:uwspce-conf@uwsp.edu). No refunds will be given after **April 15, 2026**.

Substitutions can be made at any time, but no shows will be responsible for the full conference fee. Last-minute registrations are not guaranteed for meals or materials.

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.