



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.

____ 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):

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. 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.