

# Conference Registration

Family Involvement Conference  
Best Western Premier *the* Central Hotel and Conference Center  
Harrisburg, PA  
**October 11-14, 2020**

Please print or type the information below: Mail, email or fax the completed form to: Family Involvement Conference  
C/O Paul Rinaldi, 509 Newlins Road West, Easton, PA 18040. Telephone: (610) 250-9455  
Email: paulfrinaldi@gmail.com

Name: (Dr. Mr. Mrs. Ms.) \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Registration Fees

	<u>Number</u>		<u>Amount</u>
<b>Individual Rate with Meals</b> (attending the entire conference)	_____	X \$450.00 each	_____
<b>Individual Rate without Meals</b> (attending the entire conference)	_____	X \$220.00 each	_____
<b>Group Rate with Meals</b> (five or more people attending entire Conference and all registering as a group. <b><u>Separate Registration Form for each member of the group</u></b> )	_____	X \$425.00 each	_____
<b>Group Rate without Meals</b> (five or more people attending entire Conference and all registering as a group. <b><u>Separate Registration Form for each member of the group</u></b> )	_____	X \$180.00 each	_____
<b>Day Attendees</b> (per day) includes lunch Please check/click the day/s you will be attending: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	_____	X \$135.00 each	_____

## Meal Options

Option 1: Meals for the entire conference beginning with dinner on Sunday evening and ending with lunch on Wednesday

	<u>Number</u>		<u>Amount</u>
	_____	X \$262.50 each	_____

Option 2: Select the meals you are interested in purchasing

_____ Sunday dinner \$39.50	_____ Monday Breakfast \$20.50	_____ Tuesday Breakfast \$20.50	_____ Wednesday Breakfast \$20.50
	_____ Monday Lunch \$27.50	_____ Tuesday Lunch \$27.50	_____ Wednesday Lunch \$27.50
	_____ Monday Dinner \$39.50	_____ Tuesday Dinner \$39.50	

Amount: \_\_\_\_\_

If paying by credit card, please provide the following information:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ SSV Number: \_\_\_\_\_  
Cardholders Signature: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Please note:

- Registration fees are not refundable, but may be transferred.
- Purchase orders are welcomed.
- The Family involvement Conference may serve as "Professional Development" hours. Ask your director to submit them for you.
- The fees stated are for conference registration and meals only. **They do not include the cost of hotel registration.**
- Make checks payable to: Family Involvement Conference.