

# 2010 Mid-Eastern Symposium on Therapeutic Recreation Registration Form (Please print clearly)



TRANSFORMING LIVES:  
A Wellness Approach

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email (required for registration confirmation) \_\_\_\_\_

## Full Registration Package

(Includes all socials, breaks & endnote brunch)

Discount Early Bird	Early Bird	Regular	Late/ On-Site
Before 1/31 \$135	Before 4/2 \$150	Before 4/16 \$170	After 4/16 \$190

## Daily Package (Includes meal functions for the day)

Check day you will be attending:

Sunday  Monday  Tuesday

	Discount Early Bird	Early Bird	Regular	Late/ On-Site
	Before 1/31	Before 4/2	Before 4/16	After 4/16
Delegate	\$90	\$90	\$90	\$105
Student	\$40	\$40	\$40	\$50

## Special Needs

I will need the following:

Sign Language interpreter  Special Diet  Other

Please explain: \_\_\_\_\_

\_\_\_\_\_

## Attention Conference Attendees

Currently there are NO advance purchase sales on additional tickets for any of the social or meal functions. Upon arrival at the conference, please see the on site registration staff to determine if there are any extra tickets available for guests attending the conference. Please be aware that there may be tickets or a limited number available.

Early Bird Registration must be postmarked by April 2, 2010.  
Regular Registration must be postmarked by April 16, 2010.  
Registration postmarked after April 16 will be considered late.  
**No refunds after April 25, 2010.**

## Student Fees

**Student Status:** Nine credit hours per semester for both graduate and undergraduate levels constitute a full time student. **You must send a copy of your spring 2010 Class Schedule with your registration. DO NOT SEND A COPY OF YOUR BILL, ONLY THE CLASS SCHEDULE.**

Regular	Late/ On-Site
Before 4/16 \$75	After 4/16 \$85

## CEUs

**Continuing Education Units for certification. Fees include any/all sessions. Please pre-register.**  
\$ 15

## Payment Information

Registration Fees \$ \_\_\_\_\_

CEUs \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

**Form of Payment:**

- Check  
 Money Order  
 Voucher (only accepted when payment received prior to event)

Make checks and money orders payable to:

**Mid-Eastern Symposium on Therapeutic Recreation**

**Return this form with payment to:**

Nicole Shuman, CTRS  
H.H. McGuire VAMC/ PM&R 117  
1201 Broad Rock Blvd  
Richmond, VA 23249

**Note:** Registration confirmation will be sent electronically unless otherwise noted. A \$10 fee will be charged for all returned checks.