

**Registration-2010 Annual Conference of the North Central Region-ACPE
Chula Vista Resort, Wisconsin Dells, WI
3:30 p.m. Sunday, October 10 through 12:00 p.m. Tuesday, October 12**

Until September 10th, there is an early registration fee of **\$100.00** for this conference for active **CPE Supervisors (including Candidates), Clinical Members, and Faith Group and Seminary Representatives**, and a **\$75.00** early registration fee for **Supervisory Education Students and retired CPE supervisors** that covers meals and lodging. This is predicated on your sharing a room with another registrant. If you request a private room or choose to have family members or other guests in your room with you, your cost will be the base fee plus an additional **\$44.50** per night. You will be reimbursed for travel according to the formula published with the conference schedule. **Registrations received after September 10th will be assessed a late fee of \$25.00.** **Family Members & Guests** pay the actual cost for rooms and meals.

Fill out and submit this form to the Regional Office, attending carefully to each numbered section or register on-line at www.ncracpe.org

Please do not submit payment with your registration. You will be invoiced.

1.

Name: _____

Address: _____

Email: _____

Phone #: _____

Non-Attending Emergency Contact: _____

Phone: _____

2 Registration Category

_____ Certified Supervisor / Sem Rep
 Faith Group Rep / Clinical Member

_____ SES or Retired Supervisor

_____ Guest requiring own room or requesting an assigned roommate***

*** Family members and people attending as guests of registrants who will stay in the room of a registrant do not need to fill out their own registration form. They will be listed in sections 4 & 5 of the registrant's form.

3. All rooms in our block will have two beds.

Please list your room needs here by checking the appropriate spot on each line & filling in the related

1. Non-Smoking room _____ or Smoking room _____

3. Roommate _____ or Private room / room with family _____

If requesting a roommate, fill out both #1 & #2 below, then go to Section 5 on the next page:

1. Assign roommate at your discretion _____ or
 I wish to room with _____
 or _____

2. Assign someone else, if the above are not available _____
or I prefer a private room, if my requested roommate is not available (Additional cost of \$44.50/night) _____

If requesting a private room, go directly to Section 5 on the next page.

If you are planning to share your room with family members or friends, go directly to Sections 4. on the next page.

(Continued on next page)

Registrants with family members or guests staying in their room need to fill out both Section 4 and Section 5.

(Be sure to fill out the appropriate column in Section 5 for each person including yourself as “Registrant”.)

All other Registrants can skip Section 4 and go directly to Section 5. Fill in only the “Registrant” column.

4. If family members or friends will attend the conference with you and share your room, please list their name(s) here. Write the ages of children after their names. Then go to section 5. and check off all items needed by each person, including yourself.

a. _____ b. _____

c. _____ d. _____

5.		Person	Person	Person	Person	Meal Costs
	Registrant	a.	b.	c.	d.	Adult / Child 4-12
Lodging Friday Night, October 08 (Cost covered personally or by NCR Committee budget)						
Lodging Saturday Night, October 09 (Cost covered personally or by NCR Committee budget)						
Sunday Supper Buffet						21.95 / 13.25
Lodging Sunday Night, October 10						
Monday Breakfast						10.95 / \$6.75
Monday Lunch						12.95 / \$7.75
Monday Evening Banquet (choose 1 of the following)						
• London Broil						19.00
• Chicken Cordon Bleu						19.00
• Squash & Pepper Tortellini el Pesto						19.00
• Kid’s Meal (Chicken Fingers & Fries)						\$8.95
Lodging Monday Night, October 11						
Tuesday Breakfast						10.95 / 6.75

Even if you are a flat rate registrant, it is important that you check off only the particular items in Section 5 that you will be using, as the Region does not want to pay for rooms that are not inhabited or meals that are not going to be eaten. We are required to guarantee room numbers 24 hours in advance of the conference and meal numbers three business days in advance of the conference. We will be charged for no fewer meals than the guarantee, and can go over by no more than 3%. This makes accurate counts vital.

6. Mail or fax this registration to the Regional Office:

If you do not receive email confirmation or an invoice within a reasonable time after your submission, please contact the Regional office.

**North Central Region-ACPE
PO Box 1832
Burnsville, MN 55337**

Fax: 952-431-1423

If you need to cancel or change any part of this registration, please do so through the Regional Director:

612-270-3313 or ncracpe@ncracpe.org

Do not attempt to do it directly through the hotel.

Please also contact the Regional office if you have questions or needs that go beyond the parameters of this registration form such as additional nights; cribs or cots in your room, handicap rooms, etc.