

# Creating Healthy Lives Conference Registration

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address (if available): \_\_\_\_\_

Phone: (daytime preferred) please include area code. \_\_\_\_\_

FAX: (if available) \_\_\_\_\_

Name of Organization/Clinic/School: \_\_\_\_\_

Access:

I need wheelchair access     I need an ASL interpreter

I have other special needs (specify): \_\_\_\_\_

Roommate Service:

Some registrants may have extra space in their hotel room. We will try to match these people up with other registrants who need hotel space. Please let us know if you want to participate in this service.

I need a roommate for my hotel room (note your hotel: \_\_\_\_\_)

I need to be matched with someone who has space in her/his room

Child Care:

We expect to be able to provide child care for a limited number of children for \$15/day. Children *must* be between the ages of 2-8 years old. We regret we cannot accommodate infants or older children and confirmed advance reservations for child care are required.

I need child care. My child is \_\_\_\_ years old. Child's name: \_\_\_\_\_

Community Housing:

We expect to have a limited number of spaces in homes of Chicago area residents for conference registrants who do not wish to stay in a hotel. We regret that we will not be able to fulfill last minute requests for community housing.

I need community housing for:     Friday, September 11     Saturday, September 12

(we cannot guarantee free housing space but we will attempt to meet all requests)

I will be driving to the conference     Have allergies to cats +/- dogs     Require non-smoking space

I can provide community housing. Please contact me.

Fees: \$75 (includes a box lunch on Friday, a continental breakfast and a box lunch on Saturday)

If post-marked or faxed after September 1 or paid at the door, the fee is \$100.

A limited number of scholarship are available:  Please contact me about scholarship opportunities.

I need a vegetarian box lunch (this option may not be available if you register at the door)

(Registration forms mailed after August 28 may not be received before the conference. Please register by FAX (773-561-1830) or at the door.). We will fax or mail a confirmation of your registration.

I am attending the conference and I would like to make an additional donation of \$\_\_\_\_\_ to support the conference's efforts to keep registration fees low.

I am not able to attend but I would like to make a donation of \$\_\_\_\_\_ to support the organizers' efforts to keep registration fees low and to assist in the important work of the conference.

Send your completed registration form with check/money order payable to "LCCP" or credit card info to:

LCCP  
Conference Planning Committee  
4753 N Broadway STE 602  
Chicago, IL 60640

or FAX this form and credit card info to 773-561-1830:

VISA     Mastercard

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature: \_\_\_\_\_

Please note: You are not registered until we receive both your registration form and your payment.