

Harnessing Outrage & Compassion: Awakening the Power of Nonviolence



Fellowship of Reconciliation's 55th Annual Northwest Regional Conference
July 4-7, 2013, Seabeck Conference Center, Seabeck, Washington



REGISTRATION FORM

WHO IS COMING? Please start with the person we should contact for questions and confirmation. For more than 3 people use a second form or additional paper. Please indicate age for each person under 18, and indicate up to 4 workshop choices in the boxes below for each person interested in participating in them, using the numbers from the brochure. Workshop choices are not binding, but are intended to help the planning committee in scheduling. Continue on separate paper for special requests.

1) _____
last (or family) name first (or given) name (F or M) (age)
up to 4 workshops

Dietary: check if vegan For Sat. evening, please pick one salmon or vegetarian option

Other dietary (such as allergies) _____

Volunteer Jobs (optional)* _____

2) _____
last (or family) name first (or given) name (F or M) (age)
up to 4 workshops

Dietary: check if vegan For Sat. evening, please pick one salmon or vegetarian option

Other dietary (such as allergies) _____

Volunteer Jobs (optional)* _____

3) _____
last (or family) name first (or given) name (F or M) (age)
up to 4 workshops

Dietary: check if vegan For Sat. evening, please pick one salmon or vegetarian option

Other dietary (such as allergies) _____

Volunteer Jobs (optional)* _____

***Volunteer Jobs:** It is helpful to have some advance volunteers, but more opportunities will be available at the conference. See Brochure for some of the jobs needed.

HOW WE CAN REACH YOU & INFO FOR THE CONFERENCE ROSTER

Maybe each member of your party has a different address, phone number(s), email. Please explain it all! Feel free to use extra paper. Please start with the contact info we should use for questions about registration.

Address _____ **City** _____ **State** _____ **Zip** _____

Phone(s) (_____) - _____ (_____) - _____ (include area code)

Emails (please print clearly!) _____

other contact info:

Check if you **don't** want your phone number or email listed on the conference roster. omit tel # omit email

Carpooling: We will try to arrange carpooling for attendees desiring and/or offering rides

I / We have space for _____ riders.

I / We _____ (number of people) need a ride.

Special information for carpool matching (for example if you are leaving from a location not your residence)

How did you hear about the conference?

ONLINE REGISTRATION will be available at <http://www.wwfor.org>

TO HELP US PLAN PLEASE RETURN THIS FORM BY MAY 25th to: Louise Lansberry, 2007 NE 107 St, Seattle WA 98125
After that time, phone 206-364-2037 or email seabeck@wwfor.org to inquire about space.

CONTINUE ON REVERSE ...

2013 FOR Regional Conference at Seabeck, REGISTRATION FORM, continued

ACCOMMODATIONS. See <http://www.seabeck.org> for detailed descriptions of buildings. We will try to meet any specific requests. **Please indicate any special accommodation needs or preferences:**

We will assume your party wants lodging together unless otherwise indicated. If two adults indicate "couple," an effort will be made to assign them to their own room.

Fill in the number of people in each category. Cost includes all 3 nights lodging and 9 meals.

	age 17+	age 12-16	age 3-11	age 0-2	line total \$
Shared room with private bath (no single rooms) (Huckleberry, Salal, Spruce, etc.)	<input type="text"/> @\$220	<input type="text"/> @\$165	<input type="text"/> @\$110	<input type="text"/> free=	<input type="text"/>
Single room, adults only, shared bath down the hall (Inn Annex)	<input type="text"/> @\$220			=	<input type="text"/>
Central location - shared room, shared bath down the hall (Pines, Inn, Reeser)	<input type="text"/> @\$190	<input type="text"/> @\$145	<input type="text"/> @\$95	<input type="text"/> free=	<input type="text"/>
Outer houses - shared room, shared bath down the hall	<input type="text"/> @\$170	<input type="text"/> @\$130	<input type="text"/> @\$90	<input type="text"/> free =	<input type="text"/>

REGISTRATION FEE - number of people 18 or older @\$65 =

DAY USE: 9 meals, day use fees, & registration fee (number of people) @\$167 =

FRIDAY ONLY with lunch, dinner, day use & registration (number of people) @\$60 =

SATURDAY ONLY, lunch, dinner, day use & registration (number of people) @\$66 =

SUBTOTAL =

Discount/ Scholarship Low income discount and scholarships. See below. Indicate the amount requested and subtract from the total. -

Donation to scholarship/low-income discount fund to help more people attend +

Donation to conference to keep registration fees low for everyone +

Make checks payable to: FOR **TOTAL =**
(Canadians: Canadian money accepted as if U.S.)

Financial Assistance: We don't want money to stand in the way of people attending, but the conference has to be self-supporting. We have limited funds through fundraising, auction, and donations. **Washington or British Columbia** residents can apply through this form. **Oregon** residents apply to Laurie Childers childers@peak.org or 541-757-9025. Attendees from **other areas** should apply for local funding; in rare instances we may be able to help out-of-area residents. **Please consider carefully and pay what you can.**

Low Income Discount: deduct up to \$100 per adult, \$75 per youth 11-17, \$50 per child 3-10.

I/we have taken a low income discount of _____. I/we understand this is subject to availability on a first-come basis. Oregonians should contact Laurie (see above).

Scholarships for those needing more assistance than the discount described above, based on need and subject to availability

I/we **WA / BC** residents request a scholarship of _____. (Subject to availability of funds.)
Brief explanation of circumstances (feel free to use extra paper):

I/we **Oregon** residents request a scholarship of _____ and I/we are contacting Laurie (see info above)

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