

REGISTRATION FORM— please PRINT or TYPE the following information

NAME

ORGANIZATION

ADDRESS

TELEPHONE

FAX

EMAIL / WEBSITE

We are happy to add you to our mailing list. We do occasionally share our mailing list with organizations of a similar cause but we DO NOT sell our mailing list! Please indicate your preference:

 Yes, you may share my name No, do not share my name**HOW DID YOU HEAR ABOUT THIS EVENT?** Email Poster Radio (which one?) Friend Flyer in mail Conference Organizer Newspaper (which one?) Other (please specify)

So we have a better understanding of who attends the conference, and how to better market this event, we invite you to share the following OPTIONAL information with us. This information will be stored separate from your registration info!

Are you: <input type="checkbox"/> female <input type="checkbox"/> male	Age group? <input type="checkbox"/> 12 - 18 <input type="checkbox"/> 18- 24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 yr. + over	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced / separated <input type="checkbox"/> Widowed	Family Size _____	Income level <input type="checkbox"/> 10,000 - 19,000 <input type="checkbox"/> 20,000 - 29,000 <input type="checkbox"/> 30,000 - 39,000 <input type="checkbox"/> 40,000 - 49,000 <input type="checkbox"/> 50,000 - 59,000 <input type="checkbox"/> 60,000 and above
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Help us plan for meeting rooms! Using the designated workshop code (i.e. A6), please list your first and second workshop choices for each time slot of each day. (This is only to indicate your preference; it is not a reservation.)

	Friday	Saturday	Sunday
Session A	/	/	/
Session B	/	/	/

CONFERENCE REGISTRATION FEES

Postmark By	Adult	Student/Senior	Youth	Volunteer I	Volunteer II	Scholarship
8/27/06	\$150	\$50	\$10	\$75	\$0	\$20
9/27/06	\$175	\$75	\$20	\$75	\$0	\$30
Onsite	\$225	\$100	\$30	N/A	\$0	N/A
Day Rate	\$75	\$50	N/A	N/A	\$0	N/A

PAYMENT INFORMATION

Scholarship applicants: please read scholarship guidelines and include required documentation with this registration form.

Senior applicants: please include copy of driver's license. **Students:** please submit proof of student status with this registration form.

\$ _____ registration rate	\$ _____ Sub-Total
\$ _____ deposit (installment option)	\$ _____ minus 15% (groups discount) or \$25 (family discount)

Amount Enclosed:	<input type="checkbox"/> Check #	<input type="checkbox"/> Credit Card (MasterCard or VISA only)	<input type="checkbox"/> Money Order
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Credit Card # AND Exp. Date	Cardholder Name
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I have read and understood the conference registration and refund policy.

Signature	Date
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OTHER INFO

- Registration includes access to all workshops and panels, buffet breakfast, fruit and juice bar and Friday and Saturday Night activities.
- Please fill out this form completely and legibly. (Photocopy for additional registrants) All fees must be received with registration!
- All registration must be postmarked by the deadline dates. Registration received after deadline dates will be counted as next level of payment.
- Returned checks will incur fees charged by bank plus an additional \$15.00
- Refund Policy: Refunds, less a \$30 processing fee will be granted if requested in writing no later than 9/15/06 and mailed to address below. No refunds after this day! You may however substitute someone else in your place. Refunds will available after October 24.

- E-mail this Registration Form with credit card info to: conference@muhsana.org
- Fax this Registration Form with credit card details to (510) 835-0349
- Mail this Registration Form with credit card or check to: Muhsana, 2625 Alcatraz Ave. #347, Berkeley, Ca 94705
- Call Muhsana Center for Health and Healing at (510) 295-2553

Official BWHHCF Use Only: Received Date

Check#

Amount

Credit Card Approval #