Conference Registration Form: 2015 National CASA Conference

Please submit a separate registration form for each person. Copy this form as necessary. Please type/print information clearly; it will appear on your name badge.

NOTE: VOLUNTEER REGISTRATION IS NOT ELIGIBLE FOR THE GROUP REGISTRATION DISCOUNT. ALL MEMBERS OF THE GROUP MUST REGISTER AS FULL CONFERENCE (CASA/GAL STAFF, DIRECTOR, BOARD MEMBER, COURT PERSONNEL, JUDGE, ATTORNEY OR OTHER) TO RECEIVE THE 6TH MEMBER OF THE GROUP FREE.

Contact and Name Badge Information:

Salutatio	on (Mr./Ms.)		Name (First, Last)			
Title	Title Program/Organization					
Mailing Address						
Phone		Email		Cel	l Phone**	

Check the most appropriate category:

CASA/GAL \	olunteer	CASA/GAL Board Member	Attorney
CASA/GAL S	taff	Court Personnel	Other (Please Specify):
CASA/GAL [irector	Judge	

Conference Registration, RECEIVED by deadline below:

	Received by 3/20/15	Received by 5/15/15	On-site Only
Full Registration	\$450	\$525	\$575
Full Registration with discount for Active CASA/GAL Advocates*	\$400	\$475	\$525
Full Registration: Youth/Student Rate	\$300	\$300	\$350
One Day Only Registration 5/31 OR6/1	\$250	\$250	\$300

* Volunteer must identify their program to qualify for discount:

National CASA Institutes (Saturday, May 30). Pre-registration is strongly suggested; space is limited. Choose only one. All day seminars (9a-4p) are \$175 and half day seminars (1p-5p) are \$100. Onsite registration is based on availability and is \$200 (full day) and \$125 (half day)

	New Director Orientation (Full I	Day)	Leadership Training (Full Day)				Building Resiliency (Half Day)		
	overty Simulation (Half Day) The Ticking Clock (Half Day)								
Conference Event				Cost			Total Cost		
Conference Registration Fee				\$			\$		
One Day Only Registration				\$				\$	
National CASA Institute Session				\$175 or \$100 (onsite \$200/\$125)				\$	
Additional Tickets: State of CASA Luncheon \$45 (5/31) Movie Night \$20 (5/31) \$ Awards Luncheon \$45 (6/1) Movie Night \$20 (5/31) \$							\$		
	TOTAL Payment Due with Registration (registrations without payment will not be accepted): \$								
Dietary Requirements:									
	Vegetarian Dia			ic Gluten-Free			е		
Emergency Contact Information**:									
Name	e:				Phone:				
**Will	**Will only be contacted in the event of an emergency.								
Wou	d you like your name and ci	ty, state	included in the	e conferenc	ce attendee l	list?	\	/es No	
Paym	ent Information:								
	Check Enclosed American		erican Express	ss VISA				MasterCard	
Credit Card Number S			Signature	nature		Expi	Expiration Date:		
Please retain a copy for your records. Form and payment must be received by due date. By submitting this registration form, you agree to all conference policies including the name change and cancellation policies.									

Please visit CASAforChildren.org/conference for more information.

Submit payment and registration form to:

National CASA Conference Registration, 5600 Seventy Seven Center Dr., Suite 240, Charlotte, NC 28217