30TH ANNUAL GOVERNOR'S CONFERENCE ON RECREATION FOR INDIVIDUALS WITH DISABILITIES

Wednesday, May 20, 2009

Registration Form

Please print clearly. Only one name per form.

NAME:							
AGENCY/ORGANIZATION:							
ADDRESS:							
CITY:		STATE:	ZI	P:			
PHONE: (work)	_ (home/cell)	E-mail:					
SPECIAL ASSISTANCE REQUIRED: (e.g. interpreter – must notify 4 weeks before conference) A.S.L. Interpreter Other, please specify: Signed English Interpreter —							
Vegetarian? If yes, check here 🗆							
Nonprofit organizations may bring materials for distribution at a resource table, provided a staff person from the nonprofit organization is registered for the conference and an additional fee of \$25 for a table has been paid in advance. This opportunity is limited to nonprofit organizations. Will your nonprofit organization be displaying materials? \Box Yes \Box No (Additional \$25)							
Payment Information: \$80 per person (Students \$60)							
5.0 PDUs available for educatorsRegistering for CEUs (AdditionRegistering for PDUs (Addition	onal \$10)	Additional \$10 for	CEUs/P	DUs).			
□ Check enclosed:	Check #:			Amt:			
Make check payable to: N.J. RECREATION AND PARK ASSOCIATION							ON
□ Voucher enclosed:	Voucher #:			Amt:			
Bill my credit card:	UVISA MASTERCARD			Amt:			
	Card#:			*			
	Authorized Signature:						
Please indicate sessions you are in A B C D	terested in attending: E F G	H I	J	К	L	М	Ν
Kindly enclose this form with payment and MAIL to: Patricia Swartz, NJ Department of Community Affairs, Office of Recreation, PO Box 811, Trenton, NJ 08625 0811							
(PLEASE DO NOT REGISTER to withdraw registration before reg					tify Patri	icia Swar	tz of intent