

Name *First* \_\_\_\_\_ *Last* \_\_\_\_\_

Name as you would like it on your badge: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Info:**

How much are you paying towards your registration at this time: \_\_\_\_\_

*Note: Full refund for all money paid, less a \$50 processing fee, is available upon request prior to 06/01/09. After 06/01/09, full refund less \$200 (to cover costs associated with arrangements that have been made) is available.*

Total payment at this time: \_\_\_\_\_

To assist our planning and for our records, what do you intend your total contribution to be? (Our hoped for average contribution is \$1450.) \_\_\_\_\_

**Registration Info:**

1. Do you need any special assistance to meet needs for health, safety, or ease? Do you have any health concerns which you would like to share with us? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

2. What is your gender?  Male  Female

3. Rooms are suite based (3 bedrooms, 2 bathrooms with 1 – 2 people in each bedroom). Do you prefer a single bedroom (\$50 extra) in your suite?  Yes  No.

For roommate or suite mate requests, please request each other on your registration forms. Is there someone with whom you would like to share:

- a room? \_\_\_\_\_

- a suite? \_\_\_\_\_

4. What are you dietary preferences? (choose one)

meat/poultry fish  poultry or fish (no meat)  vegetarian only  vegan only

5. Would you like to volunteer on any of the following committees?

Welcome & Registration  Food  Beautification  Travel & Rides

Please answer the next two questions to help us in organizing the empathy groups.

6. What is the total number of days of NVC training you have attended, if any?

0 (none)  1 – 2  3 – 6  7 – 20  21 or more

7. How many months of practice group experience have you had, if any?

0 (none)  1 – 3  4 – 6  7 – 12  13 – 24  25 or more