

Registration fees per person:	Before 3/1/09	After 3/1/09	After 3/22/09
Full Conference (3 days):	\$250	\$270	\$335
2 Days (Wed/Thurs or Thurs/Fri):	\$205	\$225	\$290
1 Day (Wed, Thurs or Fri):	\$150	\$170	\$235
Student Registration*	\$125	\$125	\$190

RFW Members fees per person:	Before 3/1/09	After 3/1/09	After 3/22/09
Full Conference (3 days):	\$230	\$250	\$315
2 Days (Wed/Thurs or Thurs/Fri):	\$190	\$210	\$275
1 Day (Wed, Thurs or Fri):	\$140	\$160	\$225

- Fee includes all materials, handouts, refreshments and meals listed for each day.
- A conference registration may not be split between attendees.
- You will be registered for the conference when the fee has been paid in full.
- Late registration (after 3/22) and registration at the conference (subject to an additional \$65 fee) will be accepted if space is available.
- Continuing Education Credits (CEUs), Certified Rehabilitation Counselor Credits (CRCs) will be available.

*Open to students enrolled in an accredited college or university at least 50% of a normal, full-time course of study. Proof of student status must be provided by forwarding a copy of a current transcript or class schedule by fax to RFW at 608-244-9097 or kpowers@rfw.org.

Please COPY a SEPARATE registration form for each person attending from your organization:

Organization/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Membership/Affiliation: RFW WRA State Agency County Agency School Student Other (check all that apply)

PRINT complete name; circle the day(s) attending. (All = All days/full conference; W = Wed.; T = Thurs.; F = Fri.); List the session numbers of the sessions which will be attended.

Attendee Name:	Day(s) Attending:	Sessions Attending:
_____	All W T F	_____

Please list any diet or other reasonable accommodations required for a specific person. Requests must be made before the final registration deadline of **March 1, 2009**. After the deadline, no guarantee can be made for diet or other accommodations. For those requesting sign language interpreters, please complete the following information and contact **Interpreting Solutions, Inc.** by phone at **414-727-8778** or email jill@interpretingsolutionsinc.com.

Name: _____ Diet: _____

Accommodation: _____

Option:	Before 3/1/09	After 3/1/09	Total
Full Conference	\$250/\$230 or	\$270/\$250 = \$	_____
2 Day Registration	\$205/\$190 or	\$225/\$210 = \$	_____
1 Day Registration	\$150/\$140 or	\$170/\$160 = \$	_____
Student Registration	\$125 or	\$125 = \$	_____
Late fee after 3/22/09	x \$65	= \$	_____

Please Note: You will be registered for the conference upon receipt of the entire registration fee. Full payment must be received, prior to March 1, 2009 to be eligible for the early registration discount; receipt of an unpaid purchase order does not apply. The return of this form without payment does not confirm your registration.

Please check to apply for Viterbo Masters Level Credit (\$200) _____
(payment by check, cash or credit card must be made at conference)

Enclosed is: check money order or charge to MC Visa

Name on credit card: _____

Card #: _____

Exp. Date _____/_____/_____

Signature: _____

Make check payable to: **RFW, Inc.**
 Send with this form to:
RFW, Inc., 1302 Mendota Street, Suite 200, Madison, WI 53714-1024
 or fax this form with credit card information to:
608-244-9097
 Cancellations: Cancellations must be received in writing. Cancellations received prior to March 1, 2009 will be refunded, less a \$25 processing fee. No refunds will be given on or after March 1, 2009. Substitutions are acceptable.
 For more information call: **608-244-5310**