

**Mail in Registration instructions:**

- 1) Fill out "Part 1 - Participant Information" for each person attending (including infants and children).
- 2) "Part 2 - Payment Information" form should be included for each paying unit (Individual or family).  
Dorm Roommates may register on the same form
- 3) Call 515-277-6165 to ask Elizabeth any questions you may have about Registering
- 4) Send Part 1 (one for each person) and Part 2 of the Registration Form along with **payment in full** to:  
Episcopal Diocese of Iowa, 225 37<sup>th</sup> St., Des Moines, IA 50312



**2008 Registration Form Part 1 Participant Information**

**Participant #1 Information**

Name \_\_\_\_\_ for your nametag  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
 Your Church Name \_\_\_\_\_ Your Church City \_\_\_\_\_  
 Gender:  Male  Female

If under 18\*: Age \_\_\_\_ Grade \_\_\_\_ \*Parental release of liability form required

1st Choice Track:# \_\_\_\_\_ -(Topic) \_\_\_\_\_

2nd Choice Track:# \_\_\_\_ (you will be notified by e-mail if your 1<sup>st</sup> choice track is unavailable)

Pre-Retreat Workshop you plan to attend \_\_\_\_\_

\_\_\_\_ appointment with a healing touch practitioner on Saturday between 1 & 4pm  
 \_\_\_\_ Yes, sign me up to join the gentle bike ride on Sat. afternoon (bring your bike & safety equipment)

Meals you plan to attend: Saturday Breakfast \_\_\_\_ Saturday Lunch \_\_\_\_ Saturday Dinner \_\_\_\_  
 Sunday Breakfast \_\_\_\_ Sunday Lunch \_\_\_\_

Special Needs: (Diet Restrictions, Accessibility issues) \_\_\_\_\_

**Participant #2 Information**

Name \_\_\_\_\_ for your nametag  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
 Your Church Name \_\_\_\_\_ Your Church City \_\_\_\_\_  
 Gender:  Male  Female

If under 18\*: Age \_\_\_\_ Grade \_\_\_\_ \*Parental release of liability form required

1st Choice Track:# \_\_\_\_\_ -(Topic) \_\_\_\_\_

2nd Choice Track:# \_\_\_\_ (you will be notified by e-mail if your 1<sup>st</sup> choice track is unavailable)

\_\_\_\_ Yes, sign me up to join the gentle bike ride on Sat. afternoon (bring your bike & safety equipment)

Pre-Retreat Workshop you plan to attend \_\_\_\_\_

\_\_\_\_ appointment with a healing touch practitioner on Saturday between 1 & 4pm

Meals you plan to attend: Saturday Breakfast \_\_\_\_ Saturday Lunch \_\_\_\_ Saturday Dinner \_\_\_\_  
 Sunday Breakfast \_\_\_\_ Sunday Lunch \_\_\_\_

Special Needs: (Diet Restrictions, Accessibility issues) \_\_\_\_\_

**2008 Registration Form Part 2 Payment Information**

| Individual Payment Packages  | Number of persons | Cost is per person           | Amount Due |
|--|-------------------|------------------------------|------------|
| #1 Private Room - 1 adult Track participant<br>Includes: Dorm room, Retreat Fee & meals  |                   | \$ 150.00 per person         |            |
| #2 Semi-Private Room<br>Roommate's name: _____<br>Includes: Dorm room bed, Retreat Fee & meals   |                   | \$ 140.00 per person         |            |
| #3 Commuter Option (no lodging)<br>Includes: Retreat Fee and 5 meals   |                   | \$90.00 per person           |            |
| *For purposes of this form, a child is Grade 5 or younger. Children grades 6 and up are "adults", but still need to have Parental Release of Liability forms signed by a parent if they are less than 18 years old |                   |                              |            |
| Family Payment Packages  | Number of persons | Cost is per person           | Amount Due |
| #4 Family Room - adult Track participants, (up to 2 children may sleep on the floor)<br>Includes: Dorm room, Retreat Fee & meals   |                   | \$ 150.00 per adult          |            |
| Child* on floor of Guardian's room (bring a sleeping bag/towels) Includes: Retreat Fee & meals<br><i>Attach Release of Liability form for each child</i>   |                   | \$50.00 per child            |            |
| Child* on a bed in Guardian's room<br>Includes: Bed & Linens, Retreat Fee & meals<br><i>Attach Release of Liability form for each child</i>  |                   | \$60.00 per child            |            |
| Family Discount for more than 2 in the same family: Subtract \$10.00 for each additional person  |                   | -\$10.00 per person beyond 2 |            |
| Additional Discounts and Fees  |                   |                              |            |
| (Optional) Episcopal Divinity School CEU Credit  |                   | \$25.00                      |            |
| Early Bird Discount (before May 16, 2008)  |                   | -\$20.00                     |            |
| Late Registration Fee (after June 13, 2008)  |                   | \$25.00                      |            |
| No refunds will be issued after<br>June 20, 2008   |                   | <b>TOTAL</b>                 | <b>DUE</b> |
| Please contact me about:   |                   |                              |            |
| ____ I need Scholarship assistance   |                   |                              |            |
| ____ I can Volunteer to help   |                   |                              |            |

Send Part 1 (one for each person) and Part 2 of the Registration Form along with **payment in full** to:  
 Episcopal Diocese of Iowa,  
 225 37<sup>th</sup> St.  
 Des Moines, IA 50312

**Online Registration:** [www.iowaepiscopal.org](http://www.iowaepiscopal.org) (event registration page)