



Print, fill out, & mail with payment to:

**Vermont Family Network**  
600 Blair Park, Ste 240  
Williston, VT 05495

You may also register by filling in your credit card info on the below form (MasterCard/Visa only) and mail/FAX to our office:

Name on card:

\_\_\_\_\_

Credit Card Number:

\_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_

(or call in card info: 1-800-800-4005)

Signature:

\_\_\_\_\_

**Do NOT email credit card info!**

Email is not secure. Credit card info will be kept strictly confidential.

FAX: (802) 876-6291

or, with credit card you can:

[Register online \(using PayPal\)](#)

*Requests for  
Special Accommodations  
should be made before April 15*

\_\_\_\_\_

\_\_\_\_\_

*or contact our Events Coordinator  
before April 15 at  
[Linda.Cruise@vtfn.org](mailto:Linda.Cruise@vtfn.org)  
1-800-800-4005 x 202*

## Access the Future Today! 2010 VFN Conference Registration

Please print & mail with payment *before April 15 for early discount.*

Name: \_\_\_\_\_

Mailing Address is:  Home  Business

Street: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_  
(for name tag)

### Check all that apply:

- Educator/Para Educator     Nurse     MD     OT/PT  
 Social Worker     Birth-to-3 Professional     Youth Professional  
 Parent/Guardian of child with a disability 0-3 years  
 Parent/Guardian of child with a disability 3-18 years  
 Parent/Guardian of adult with a disability  
 Individual with a disability/Self-advocate     Sibling  
 Student     Childcare Provider     Other \_\_\_\_\_

### Sign up for: (optional)

- Social Work Cont. Ed     Attendance Certificate  
 Mental Health Certificate

### Morning Workshops 10:15 - 11:30 (check one)

- 1     2     3     4     5    \_\_\_\_\_

### Afternoon Workshops 2:45 - 4:00 (check one)

- 6     7     8     9     10    \_\_\_\_\_

<sup>2<sup>nd</sup></sup>  
Choice:

### Conference Fee: (includes continental breakfast & lunch)

- \$70 Early Registration (before April 15)  
 \$75 Registration (April 16 - May 5)  
 \$55 Family Member/Caregiver of person with special needs  
 (NOTE: A limited number of Partial & Full Scholarships are available;  
 please call VFN 1-800-800-4005.)

Your name/contact info will be included on a participants list, in our conference packets, unless you state otherwise:  No listing, please

Photos will be taken at the conference event. Please check here if you do NOT want your photo used in any VFN promotional material:  No photos used, please

Send (non-refundable) check payable to:

**Vermont Family Network**  
2010 VFN Conference  
600 Blair Park Road, Suite 240  
Williston, VT 05495-7549