



## Registration Form

### Youth Empowering Youth & Adults 2005 Conference July 25- 27, 2004

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

Title: \_\_\_\_\_

County: \_\_\_\_\_

Please check one:

Youth: \_\_\_\_\_ Adult Chaperone: \_\_\_\_\_ Adult Guest \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Youth DCN \_\_\_\_\_ Youth DOB \_\_\_\_\_

Is this the first time you have attended this conference? Yes \_\_\_\_\_ No \_\_\_\_\_

Lodging Dates: \_\_\_\_\_

If staying the entire conference lodging will be provide Monday and Tuesday, July 19 & 20

Roommate Preference (Youth only): \_\_\_\_\_

If you have a roommate preference, please make sure both individuals are in agreement with request.

Smoking/Non-Smoking: \_\_\_\_\_

Special Needs Request (i.e. vegetarian, handicapped accessible)

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Please complete registration form and submit by JULY 15<sup>th</sup>, 2005. Return to:

Tricia Phillips  
Children's Division  
PO Box 88  
Jefferson City, MO 65103  
Phone: (573) 526-5408  
Fax: (573) 526-3971