

# Registration Form *Nonviolent Resistance*

Fellowship of Reconciliation's 47th Annual Northwest Regional Conference  
July 1 - 4, 2005, Seabeck Conference Center, Seabeck, Washington

Please fill out name and gender for each person. For more than 4 people use a second form or the back of this one. Please indicate age for each person under 18, and indicate up to 4 workshop choices in the boxes below for each person interested in participating in them, using the numbers from the brochure. Workshop choices are not binding, but are intended to help the planning committee in scheduling. Continue on back or separate paper for special requests.

1) \_\_\_\_\_ (name) \_\_\_\_\_ (F or M) \_\_\_\_\_ (age)     up to 4 workshops  
 Dietary: no red meat  vegetarian  vegan  For Sun evening: salmon  or veg option   
 Other dietary (such as allergies) \_\_\_\_\_  
 Volunteer Jobs (more opportunities at Conf) \_\_\_\_\_

2) \_\_\_\_\_ (name) \_\_\_\_\_ (F or M) \_\_\_\_\_ (age)     up to 4 workshops  
 Dietary: no red meat  vegetarian  vegan  For Sun evening: salmon  or veg option   
 Other dietary (such as allergies) \_\_\_\_\_  
 Volunteer Jobs (more opportunities at Conf) \_\_\_\_\_

3) \_\_\_\_\_ (name) \_\_\_\_\_ (F or M) \_\_\_\_\_ (age)     up to 4 workshops  
 Dietary: no red meat  vegetarian  vegan  For Sun evening: salmon  or veg option   
 Other dietary (such as allergies) \_\_\_\_\_  
 Volunteer Jobs (more opportunities at Conf) \_\_\_\_\_

4) \_\_\_\_\_ (name) \_\_\_\_\_ (F or M) \_\_\_\_\_ (age)     up to 4 workshops  
 Dietary: no red meat  vegetarian  vegan  For Sun evening: salmon  or veg option   
 Other dietary (such as allergies) \_\_\_\_\_  
 Volunteer Jobs (more opportunities at Conf) \_\_\_\_\_

### Number of people - @room & meals rate

<u>Lodging or day use cost</u>	Aged:	17+	12-16	3-11	0-2	line total \$
<b>Room with private bath - no single rooms</b>		<input type="checkbox"/> @158	<input type="checkbox"/> @125	<input type="checkbox"/> @100	<input type="checkbox"/> free	= <input type="checkbox"/>
<b>Single room, adults only - shared bath</b>		<input type="checkbox"/> @158				= <input type="checkbox"/>
<b>Inn or Reeser House - shared bath</b>		<input type="checkbox"/> @146	<input type="checkbox"/> @110	<input type="checkbox"/> @73	<input type="checkbox"/> free	= <input type="checkbox"/>
<b>Pines, Maples - shared bath</b>		<input type="checkbox"/> @134	<input type="checkbox"/> @101	<input type="checkbox"/> @67	<input type="checkbox"/> free	= <input type="checkbox"/>
<b>Other Houses - shared bath</b>		<input type="checkbox"/> @122	<input type="checkbox"/> @90	<input type="checkbox"/> @60	<input type="checkbox"/> free	= <input type="checkbox"/>
<b>Day Use (no meals or lodging)</b>		<input type="checkbox"/> @24 for full 3-day conference				= <input type="checkbox"/>

Subtotal =

**Registration fee - times the # of people 18 or older**  @50 **\$45 if received by May 31!** =

**Donation to scholarship fund to help low income people attend conference** =

**Donation to conference to keep registration fees low for everyone** =

**Make checks payable to: FOR Seabeck Conference 2005** Total =

*(Canadians: Canadian money accepted as if U.S.)*

We will assume your party wants lodging together unless otherwise indicated.

**Check appropriate boxes** Total is enclosed   
 Scholarship of \_\_\_\_\_ granted, balance enclosed   
 Payment of \_\_\_\_\_ enclosed, scholarship pending   
 Other - please enclose note

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** day ( ) - eve ( ) - (include area code)

**Email** \_\_\_\_\_

If different members of your party have different addresses or phone numbers, please provide info on back. Check the box if you **don't** want your phone number or email listed on the conference roster.  no tel #  no email

**Special needs, preferences, and other information:** (include special access needs, housing preferences such as double bed or twin beds, if you snore loudly, etc.) - please specify on the back of this form

**Carpooling:** I / We have space for \_\_\_\_\_ riders. I / We \_\_\_\_\_ (number of people) need a ride.

**Please return this form by June 1<sup>st</sup> to: Jean Buskin, 9728 3rd Ave NW, Seattle WA 98117 Inquiries to bb369@scn.org**