

DORCHESTER XLVI

March 5 - 7, 2010

Registration Form

Please Print Neatly

Name: _____ I have attended (#) _____ Dorchester Conferences

Address: _____ City _____ St _____ Zip _____

Phone: _____ Email: _____

Name(s) & Addresses of other registrants (Use back if necessary):

Full Registration includes continental breakfast, box lunch, & dinner/tent show for Saturday and a continental breakfast on Sunday.

On/Prior to 2/20/10:

_____ Adult Registrations @ \$95 each Total \$ _____

_____ Student (15 +) Registrations @ \$55 each Total \$ _____

After 2/20/10:

_____ Adult Registrations @ \$100 each Total \$ _____

_____ Student Registrations @ \$60 each Total \$ _____

Extra Meals:

_____ Additional Box Lunches @ \$12 each Total \$ _____

_____ Additional Dinners/Tent Show @ \$25 each Total \$ _____

Grand Total \$ _____

Please Make Checks Payable to: Dorchester Conference

OR Use Visa / MasterCard (circle one):

Card Number: _____ Exp Date: _____

Card Holder: _____ Signature: _____

**Refund Policy: Full refund (less \$5 fee) for cancellations before 3/1/10.
No refunds for cancellations after 3/1/10.**

Would you like to be a Discussion Leader at your table? Y / N

Food allergies or special dietary requirements: _____

Are you an elected official? Y / N What office do you hold? _____

Are you interested in a vendor table? Call Jim Thompson at (503) 508-0919

Are you interested in a scholarship or internship? Call Kathy Hall at (503) 629-9495

If you have friends you think would be interested in attending, feel free to copy this form & pass it on!

Mail Registration
& payment to: Dorchester Conference
4353 NW Tam O'Shanter Way
Portland, OR 97229

Questions, Call: Gail Wilhelms (503) 533-8966
Email: info45@dorchester.org
Website: www.dorchester.org
Fax: (503) 533-0188