

Registration Form

VOMA 2002 International Training Institute and Conference

Name _____

Organization _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Tel _____ Fax _____ Email _____

TRAINING INSTITUTE – Please select only one training per session.

- Training A – 6 day Monday 23rd to Saturday 28th. Please contact VOMA Administrator voma@voma.org
- Training B – 2 day Tuesday 24th to Wednesday 25th. NAFCM training. (Includes lunch & refreshments.)

Monday 23 rd September	Tuesday 24 th September	Wednesday 25 th September
Training C <input type="checkbox"/>	→ → → → →	→ →
Training D <input type="checkbox"/>	→ → → → →	→ →
Training E <input type="checkbox"/>	→ → → → →	→ →
Training F <input type="checkbox"/>	→ → → →	AM Training S <input type="checkbox"/> PM Training T <input type="checkbox"/>
Training G <input type="checkbox"/>	AM Training G Cont'd PM Training M <input type="checkbox"/>	AM Training U <input type="checkbox"/> PM Training V <input type="checkbox"/>
Training H <input type="checkbox"/>	AM Training N <input type="checkbox"/> PM Training O <input type="checkbox"/>	Training W <input type="checkbox"/>
Training I <input type="checkbox"/>	Training P <input type="checkbox"/>	Training X <input type="checkbox"/>
Training J <input type="checkbox"/>	Training Q <input type="checkbox"/>	Training Y <input type="checkbox"/>
Training K <input type="checkbox"/>	Training R <input type="checkbox"/>	→ → → →
Training L <input type="checkbox"/>		

CONFERENCE – Please select only one workshop per session

Thursday 26 th September 8:45 am – 10:15 am	Thursday 26 th September 10:30 am – Noon
Opening Plenary	Workshop 1 <input type="checkbox"/>
	Workshop 2 <input type="checkbox"/>
	Workshop 3 <input type="checkbox"/>
	Workshop 4 <input type="checkbox"/>
	Workshop 5 <input type="checkbox"/>
	Workshop 6 <input type="checkbox"/>
Thursday 26 th September 1:15 pm – 2:45 pm	Thursday 26 th September 3:00 pm – 4:30 pm
Workshop 7 <input type="checkbox"/>	Workshop 13 <input type="checkbox"/>
Workshop 8 <input type="checkbox"/>	Workshop 14 <input type="checkbox"/>
Workshop 9 <input type="checkbox"/>	Workshop 15 <input type="checkbox"/>
Workshop 10 <input type="checkbox"/>	Workshop 16 <input type="checkbox"/>
Workshop 11 <input type="checkbox"/>	Workshop 17 <input type="checkbox"/>
	Workshop 18 <input type="checkbox"/>
Workshop 12 <input type="checkbox"/>	→ → → →
Friday 27 th September 8:45 am – 10:15 am	Friday 27 th September 10:30 – Noon
Workshop 19 <input type="checkbox"/>	Workshop 20 <input type="checkbox"/>
Workshop 21 <input type="checkbox"/>	Workshop 26 <input type="checkbox"/>
Workshop 22 <input type="checkbox"/>	Workshop 27 <input type="checkbox"/>
Workshop 23 <input type="checkbox"/>	Workshop 28 <input type="checkbox"/>
Workshop 24 <input type="checkbox"/>	Workshop 29 <input type="checkbox"/>
	Workshop 30 <input type="checkbox"/>
Workshop 25 <input type="checkbox"/>	→ → → →

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I am currently a member of VOMA: Yes No
 If Yes - please indicate Membership Type: Individual/Student Agency

I am joining VOMA now and will receive an additional member discount to the conference: Yes No

Membership Fees:	
Agency	\$150
Individual	\$40
Student	\$25

Scholarships are available for reduced registration fees. Please contact Claire Harris at voma@voma.org no later than August 15 for more details and application form.
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	Early Registration <i>Postmarked by August 29</i>		Late Registration <i>After August 29</i>		Amount to Pay
	Non-Member	Member	Non-Member	Member	
Training A: Train the Trainer in Restorative Group Conferencing (6 days) Includes transportation. Does not include lunch.	\$430	\$430	\$430	\$430	\$
Training B: NAFCM Training (2 days-includes lunch & refreshments)	\$100	\$100	\$100	\$100	\$
Training Institute & Conference	\$435	\$391.50	\$485	\$436.50	\$
- or -					
Monday	\$90	\$81	\$100	\$90	\$
Tuesday	\$90	\$81	\$100	\$90	\$
Wednesday	\$90	\$81	\$100	\$90	\$
Thursday	\$90	\$81	\$100	\$90	\$
Friday	\$75	\$67.50	\$85	\$76.50	\$

FORM OF PAYMENT (in U.S. funds) (Registration will not proceed without payment)		
Check	Credit Card	Purchase Order PO #
Amount enclosed or to charge to card		
For Credit Card Payment:		
Visa	Mastercard	
Credit Card #		
Expiration Date		
Cardholder's signature		
Print name of cardholder		

Sub Total	\$
Additional Discount to Non-U.S. Residents:	
Members 5%	
Non-Members 10%	\$ (-)
Sub Total	\$
Special Theatre Presentation and Dinner @ \$30.00 per person	\$
Membership Meeting	\$
Members \$5	
Non-Members \$15	
Annual Membership (if applicable)	\$ ←
Total Enclosed	\$

Dietary Requirements:

Vegetarian
 No Red Meat
 Other _____
 (We will do our best to meet these requirements)

<p><i>Please send your completed registration to:</i> VOMA c/o Center for Policy, Planning & Performance 2344 Nicollet Avenue South, Suite 330 Minneapolis, MN 55404 USA</p>
