

Name *First* _____ *Last* _____

Name as you would like it on your badge: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Cell Phone: _____

Email: _____

Payment Info:

How much are you paying towards your registration at this time: _____

Note: Full refund for all money paid, less a \$50 processing fee, is available upon request prior to 07/01/10. After 07/01/10, full refund less \$200 (to cover costs associated with arrangements that have been made) is available.

Total payment at this time: _____

To assist our planning and for our records, what do you intend your total contribution to be? (Our hoped for average contribution is \$1450.) _____

Registration Info:

1. Do you need any special assistance to meet needs for health, safety, or ease? Do you have any health concerns which you would like to share with us? If yes, please describe.

2. What is your gender? Male Female

3. Rooms are suite based (4 bedrooms, 2 bathrooms with 1 person in each bedroom). For suite mate requests, please request each other on your registration forms. Is there someone with whom you would like to share:
- a suite? _____

4. What are your dietary preferences? (choose one)
 meat/poultry fish poultry or fish (no meat) vegetarian only vegan only

5. Would you like to volunteer on any of the following committees?
 Welcome & Registration Food Beautification Travel & Rides

Please answer the next two questions to help us in organizing the empathy groups.

6. What is the total number of days of NVC training you have attended, if any?
 0 (none) 1 – 2 3 – 6 7 – 20 21 or more

7. How many months of practice group experience have you had, if any?
 0 (none) 1 – 3 4 – 6 7 – 12 13 – 24 25 or more