



Teaching-Family Services  
 29<sup>th</sup> Annual Spring Training Workshop  
**March 27 - 30, 2008**



# Teaching Opportunities

AFI Contract Agency Registration Form

Name(s) of registrant(s) sharing the same hotel room (*Print clearly and spell as you want it to appear on your name tag*):

Agency name and Group Home name (*if applicable*): \_\_\_\_\_

E-Mail address (*Print clearly please*): \_\_\_\_\_

**Agency personnel registration (lodging and meals):**

\_\_\_\_\_ \$395/double occupancy  
 \_\_\_\_\_ \$320/single occupancy  
 \$ \_\_\_\_\_ TOTAL\* amount for agency personnel registration(s) (lodging and meals) submitted

**Meals for registrants' children and/or other guests:** Should agency personnel registrants wish to bring their children (there will be no child care provisions from AFI) or other guests, the purchase of additional meals is necessary if you want them to eat with you. These prices are listed below. Please fill out this section completely and attach your check\* to this registration form. (***Meal packages:*** *Meal packages for everyone (agency personnel registrants, children, and other guests) will include a daily continental breakfast, one lunch on Friday, and the Awards Banquet Dinner on Saturday evening. All other meals are on your own.*)

Additional Meals:

# \_\_\_\_\_ Free -child meal package (ages 0-3)  
 # \_\_\_\_\_ \$40.00 -youth meal package (ages 4-14)  
 # \_\_\_\_\_ \$50.00 -adult meal package (ages 15+)  
 \$ \_\_\_\_\_ TOTAL\* amount for additional meals submitted

Please list names and ages of each child/guest registered for additional meals.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you have any special food needs please place the number of people in the space provided:

\_\_\_\_\_ Diabetic      \_\_\_\_\_ Low fat      \_\_\_\_\_ Vegetarian      \_\_\_\_\_ Other (specify):

**Cancellation/Refund:** Registration fees, less 10% administrative fee, will be refunded for cancellations received prior to 12:00 noon on March 7, 2008. Registration fees **will not** be refunded for cancellations received after 12:00 noon on March 7, 2008.

**\*Make all checks payable to Appalachian State University, attach to your completed registration form, and mail them to: Appalachian Family Innovations, 203 Avery Avenue, Morganton, NC, 28655-3102, Attention: Kathie Childress.**

**In order to process your registration, Family Innovations must receive this completed registration form and payment by**

**March 7, 2008.**

**No phone registrations please.**