



# 2019 REGISTRATION FORM Due by July 1

Mail Registration Form and Fees to: Summer Conference, P.O. Box 2767, Corvallis, OR 97339

FAMILY NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ OK TO PUBLISH IN DIRECTORY-YES? \_\_NO?\_\_

CITY, STATE, ZIP \_\_\_\_\_

FAMILY E-MAIL ADDRESS \_\_\_\_\_ OK TO PUBLISH IN DIRECTORY-YES? \_\_NO?\_\_

PHONE NUMBER(S) \_\_\_\_\_ OK TO PUBLISH IN DIRECTORY-YES? \_\_NO?\_\_

## CLASS CHOICES -USE NUMBERS FROM CLASS DESCRIPTIONS ON PAGE 2 OF BROCHURE

NAME	AGE IN JULY	GRADE NEXT YEAR	PERIOD A CLASS CHOICES	PERIOD B CLASS CHOICES		PERIOD C CLASS CHOICES	
				1st:	2nd:	1st:	2nd:
<b>Adults</b>							
		n/a	Keynote (all adults)	1st:	2nd:	1st:	2nd:
		n/a	Keynote (all adults)	1st:	2nd:	1st:	2nd:
<b>Children -Gr.5 and up (Indicate grade level for the next school year)</b>							
			Age-Level Class	1st:	2nd:	1st:	2nd:
			Age-Level Class	1st:	2nd:	1st:	2nd:
			Age-Level Class	1st:	2nd:	1st:	2nd:
			Age-Level Class	1st:	2nd:	1st:	2nd:
<b>Children -Gr.4 and younger (Indicate grade level for the next school year if applicable)</b>							
			Age-Level Class	Age-Level Class	1st:	2nd:	
			Age-Level Class	Age-Level Class	1st:	2nd:	
			Age-Level Class	Age-Level Class	1st:	2nd:	
			Age-Level Class	Age-Level Class	1st:	2nd:	

Any Gifts to Share? Are you a Doctor? Nurse? Musician?: \_\_\_\_\_

Could you help monitor free-time activities?: Y/N PREFERRED DAY OR TIME? \_\_\_\_\_

Any Food Allergies? NAME AND LIST OF FOODS: \_\_\_\_\_

# FEE WORKSHEET

RESIDENTS:

- ADULT SINGLE: \_\_\_x \$462 = \$ \_\_\_\_\_
- ADULT COUPLE: \_\_\_x \$820 = \$ \_\_\_\_\_
- YOUNG ADULT: \_\_\_x \$247 = \$ \_\_\_\_\_
- CHILD AGE 3-5 (Shared Room): \_\_\_x \$177 = \$ \_\_\_\_\_
- CHILD AGE 6-21 (Shared Room): \_\_\_x \$197 = \$ \_\_\_\_\_
- CHILD (Single Room): \_\_\_x \$247 = \$ \_\_\_\_\_
- TYSON/HAGGARTY HALL EXTRA(Per Person): \_\_\_x \$100 = \$ \_\_\_\_\_

OR

COMMUTERS:

- ADULT COMM. w/MEALS: \_\_\_x \$337 = \$ \_\_\_\_\_
- CHILD AGE 3-5 COMM. w/MEALS: \_\_\_x \$127 = \$ \_\_\_\_\_
- CHILD AGE 6-21 COMM. w/MEALS: \_\_\_x \$147 = \$ \_\_\_\_\_
- ADULT COMM. -NO MEALS: \_\_\_x \$217 = \$ \_\_\_\_\_
- CHILD COMM. -NO MEALS: \_\_\_x \$117 = \$ \_\_\_\_\_
- KEYNOTE SERIES ONLY: \_\_\_x \$110 = \$ \_\_\_\_\_

**TOTAL COST = \$ \_\_\_\_\_**

50% OF COST DUE WITH REGISTRATION = \$ \_\_\_\_\_

OPTIONAL TAX-DEDUCTIBLE DONATION = \$ \_\_\_\_\_

**TOTAL ENCLOSED = \$ \_\_\_\_\_**

## Make checks payable to Engelberg Conference

\*CHILDREN 2 AND UNDER ARE FREE

**50% of costs due with registration, with the balance plus lab fees due upon arrival on July 26th.**

Cancellations subject to a processing fee.

Contact Andy and Susie Zaremba with any special needs or questions.  
call: 541-758-4235  
or email: [zar@nwlinc.com](mailto:zar@nwlinc.com)