



Registration Form

19th Annual Kitsap County Human Rights Conference

Helping the Homeless

Friday, December 4, 2009 - Kitsap Conference Center

DO NOT HESITATE! Seating is limited!

GENERAL INFORMATION

Registration Levels: There are four registration levels:

1. **Individual—\$45 per person (including students) postmarked through November 23.**
2. **Last minute registration postmarked after November 23—\$60 per person**
3. **Sponsors table—\$500 for a table for eight (\$62.50 per person)**
Includes tuition for eight people, table identification, recognition as co-sponsor in the program and in publicity, upon receipt of your order.
4. **Organization table—\$440 for a table for eight (\$55 per person)**
Includes tuition for eight people and table identification.

Meals: Your registration fee includes continental breakfast, lunch buffet, & break beverages.

Parking: Parking is not included. Paid parking is available under the conference center.

Registration Deadline: by November 23 (regular registrations); by November 30 (late registrations)

Additional Conference Information: www.kitsapgov.com/hr/wsolympic/humanrights/hrcboard.htm. Or contact Linda Ward at 360.337.4604 or lward@co.kitsap.wa.us.

REGISTRATION FORM (REGISTER BY PREPAYMENT ONLY)

Please complete the registration form (below) and return with your payment (see instructions below for payment via credit card, purchase order, or check)

Name _____ Org/School _____

Address _____ Day Phone _____

City State Zip _____

E-Mail Address _____

I am ordering: _____ Sponsors table(s) in the name of: _____

_____ Organization table(s) in the name of: _____

_____ Individual registration(s) (postmarked through November 23)

_____ Last minute registration(s) (postmarked after November 23)

Additional Attendee Name(s) _____

Total number of individuals _____ Number of vegetarian meals _____

PAYMENT INFORMATION

Credit Card & Purchase Orders: Fax completed form to secured number 360.337.5721 or e-mail completed form to lward@co.kitsap.wa.us.

Checks: Mail to KCCHR, 614 Division St. MS-23, Port Orchard, WA 98366-4676

Total purchase amount \$ _____ (\$45 individual, \$60 late, \$500 sponsor table, \$440 organization table)

Card type (please circle): MasterCard or Visa

Credit Card # _____ Exp date _____

Your signature _____

FINE PRINT: Sorry, no refunds. No substitutions after November 30. Conference will not be cancelled because of inclement weather.