



2011 Annual Conference Registration Form

Name _____ Degree _____
 Organization _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Work _____ Home _____ Cell _____
 E-mail Address _____

Please Check One:

- I will attend **BOTH** days of the conference on Friday, Oct 21 **AND** Saturday, Oct 22, 2011.
- I will attend the conference on Friday, October 21, 2011 **ONLY**.
- I will attend the conference on Saturday, October 22, 2011 **ONLY**.

Workshop Choices ([Refer to Workshop Descriptions](#))

- I will attend the 7:30 am Yoga session on Friday, October 21, 2011.
Attendees must register by 7:15am

Friday, Oct 21: 1:00 pm – 4:15 pm

Saturday, Oct 22: 1:00 pm – 4:15 pm

1st Choice: A B C

1st Choice: D E F

2nd Choice: A B C

2nd Choice: D E F

Total Amount Enclosed (Breakfast & Lunch Included): \$ _____

Please send your check payable to Council for Relationships to:

Council for Relationships
 Attention: Marketing Department
 4025 Chestnut Street, 1st Floor, Philadelphia, PA 19104

If you would like to pay with Visa, MasterCard or American Express, please fill out the information below and mail or fax this form to 215-386-1743 or call 215-382-6680 ext. 3124.

Credit Card Information

___ MasterCard ___ Visa ___ American Express Amount \$ _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Today's Date: _____

Signature: _____