



HIPPY USA
2010 NATIONAL CONFERENCE
***“HIPPY: The Bridge to Change
for Children and Families”***
April 11- 14, 2010

REGISTRATION FORM

One form per person please!

First Name: _____ Last Name: _____

HIPPY Site ID, if applicable (ex: 0030A): _____

Program Name: _____

Program City: _____ State: _____

E- mail: _____

I WILL NEED THE FOLLOWING SPECIAL MEAL:

- Vegetarian
 KOSHER

PLEASE CHECK **ALL** THAT APPLY:

- | | | |
|--|--|--|
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> HUSA Trainer | <input type="checkbox"/> Other (Please specify:) |
| <input type="checkbox"/> Asst. Coordinator | <input type="checkbox"/> State Leaders | _____ |
| <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Administrator | |

FEE DUE: *Please see attached worksheet.*

CHECK ONE:

- \$0 (Coordinators and Assistant Coordinators covered by the contract; State Leaders; Trainers)
 \$50 (Home Visitors)
 \$200 (all others)

Please return this form to: HIPPY USA, c/o: LRCVB, P.O. Box 207,
Little Rock, Arkansas 72203 or fax to: 501.376.4143 or email to housing@littlerock.com.

Please return no later than JANUARY 15, 2010



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Payment Information

NAME: _____

ADDRESS: _____

MY CHECK IS ENCLOSED IN THE AMOUNT OF \$ _____

I WILL PAY BY CREDIT CARD

To pay by credit card please fill out the information below:

Credit Card Number: _____

Expiration Date: ____ / ____

Name as it appears on credit card: _____

Total charge amount \$ _____

Credit Card Type: Visa MasterCard Discover

Signature: _____ Date: _____

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Little Rock, Arkansas 72203 or fax to: 501.376.4143 or email to housing@littlerock.com.
Please return no later than JANUARY 15, 2010.

Full refund for cancellations received by March 12, 2010. A \$50 non-refundable fee will apply to all cancellations received AFTER March 12, 2010.