

Registration Form

Please fill all the details and do not leave any applicable field blank

Mr. Ms.

First Name: _____ Last Name: _____

Name (As you would like it to appear on the badge): _____

Designation: _____ Mobile: _____

E-mail: _____ Website: _____

Organization: _____ Institution: _____

Address (1): _____

Address (2): _____

Postal Zip Code: _____ Country: _____

Direct Tel: _____ Fax: _____

Mobile Tel: _____

Conference Registration Fee

Registration Type	Conference (Day 2 and Day 3)	Special Package (with attendance at Youth Day)	Group Discount** (for 3 or more delegates)
	\$ USD	\$ USD	
HOPE Partners*	125	100	5 %
General Registration	175	150	
Professional/Agency	200	175	5 %
Student/Affiliates	50	40	5 %

***HOPE Partners:** We are honored to offer those who have experienced emotional and physical trauma and who share in the legacy of hope and healing a reduced conference registration fee. Please send us the completed **registration form** and we will generate a response to your individual request to be considered for a special registration rate.

** Group Discount is only applicable for conference delegates and not with special package.

Please note: Payment for registration must be received within 10 days of sending the completed **registration form** or at the latest by March 31, 2011.

Cancellation Policy: Cancellations and refund requests must be confirmed in writing. The last date to request a cancellation of your registration is March 31, 2011 with 75% refund. 25% of the registration fees will be withheld as processing fees at any given point of time. Substitutions in delegate registration (change of badge name) are welcome until March 31, 2011.

How to Register

Contact: NORSMAN Consulting Group E-MAIL: norsmangroup@yahoo.com Alternate E-Mail: elrae.potts@thehopeconference.com	FAX: (406) 265-1821	PHONE: (406) 262-2403
MAIL Registration Forms & Payments To: NORSMAN Consulting Group Attn: Todd A. Hanson, Hope Conference Fiscal Agent P.O. Box 500 Havre, Montana 59501		
PAYMENT: Checks should be made payable to: NORSMAN Consulting Group Credit Card Processing: <i>Please Inquire as to availability at time of Registration</i> Purchase Orders: Sorry, we are unable to accept P.O.'s as payment		