



National Conference Registration

March 16-17, 2012

Registrant Information (please print)

Address Change Registering with a **Group**
 Heart # from mailing label (if available) _____
 Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 E-mail _____

Hearts at Home does not sell e-mail addresses.

Personal Data

Age 18-25 26-35 36-45 46+
 Number of Children _____
 I am a first time attendee
 I am a mom's group leader
 I would like to be a conference volunteer
 I want to be a Go-To Girl!

\$_____ \$139 **Conference PLUS!** (Friday 8:30 a.m. - 9:30 p.m. & Saturday 10:20 a.m. - 3:40 p.m.)
 Includes Moms Night Out
 \$_____ \$89 **Friday** March 16 (8:30 a.m. - 5:30 p.m.)
 Does Not Include Moms Night Out
 \$_____ \$89 **Saturday** March 17 (8:30 a.m. - 5:30 p.m.)
 Does Not Include Moms Night Out
 \$_____ \$10 **Moms Night Out** (*with conference registration*) Friday March 16 7:30 - 9:30 p.m.
 \$_____ \$15 Moms Night Out only (*subject to availability*)
 \$_____ \$15 Friday Dinner (available only if attending both Friday Conference and Moms Night Out)
 \$_____ \$12 "Motherhood: the Guilt that Keeps On Giving" by Julie Barnhill
 \$_____ \$13 "The Mom I Want to Be" by Suzie Eller
 \$_____ Sponsor-a-Mom Scholarship contribution
 \$_____ Helping Hearts Donation
 \$_____ Total (*payment must accompany registration form*)
 \$_____ Less **Group** Discount of \$10
\$_____ Total Amount Enclosed

Lunch Options:

_____ 3 Workshops (2 hour break)
OR
 _____ 4 Workshops (40 minute break)
OR
 _____ Regular
OR
 _____ Vegetarian

Method of Payment

Check or Money Order
 (Payable to Hearts at Home, US residents only)
 Credit Card
 Mastercard Visa
 Number: _____ - _____ - _____ - _____
 Exp. Date _____/_____
 Name on card _____
 Billing address if different than mailing address:

Workshop Selections:

Please list your top ten workshop choices by entering the corresponding number from the brochure in the spaces below. Every effort will be made to accommodate your top selections. Listing fewer than ten selections may result in an incomplete schedule and could cause delays during your check-in at the conference. Postmark date affects workshop availability.
 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

What if my circumstances change and I need a refund?

A fee of \$20 applies to any form of cancellation made before February 15, 2012. No refund will be made after this date, however you may transfer your registration to another person.
Your registration and payment are confirmation that you have read and accepted the conditions outlined in the brochure, including our refund policy.

Questions? CALL (309) 828-MOMS or E-MAIL hearts@hearts-at-home.org.
 FAX registration to (309) 829-8087 or MAIL to: Hearts at Home 1509 N. Clinton Blvd. Bloomington IL 61701
 This form valid through February 15, 2012.

Office Use Only Postmark _____
 Check # _____
 Batch _____
 Amount Paid _____
 Discount _____