



# North Central Conference Registration

## November 9-10, 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!

\$\_\_\_\_\_ \$89 Conference Fee (by October 17)  
*(includes Moms Night Out Ticket)*  
 \$\_\_\_\_\_ \$15 Moms Night Out only  
*(subject to availability)*  
 \$\_\_\_\_\_ \$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  
 \$\_\_\_\_\_ Less **Group** Discount of \$10  
**\$\_\_\_\_\_ Total Amount Enclosed**  
 (payment must accompany registration form)

### Lunch Options:

\_\_\_\_\_ 3 Workshops (2 hour break)  
**OR** \_\_\_\_\_ 4 Workshops (40 minute break)  
 \_\_\_\_\_ Regular  
**OR** \_\_\_\_\_ Vegetarian

### Method of Payment

Check or Money Order  
 (Payable to Hearts at Home, US 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 October 17, 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? E-MAIL [hearts@hearts-at-home.org](mailto:hearts@hearts-at-home.org)  
 OR CALL (309) 828-MOMS.  
 Register by FAX (309) 829-8087 OR Mail to:  
 Hearts at Home, 1509 N. Clinton Blvd., Bloomington IL  
 61701

Office Use Only      Batch # \_\_\_\_\_  
 Check # \_\_\_\_\_      Discount \_\_\_\_\_  
 Postmark \_\_\_\_\_      Amount Paid \_\_\_\_\_