

Registration Form
CSJO 2018 Annual Conference
May 25 – 28, 2018

Please print clearly! Please use one form for each registrant. Please sign photo waiver at bottom.

Name _____ Age (if under 30) ____ Gender (housing purposes only) ____
Veg. food (Y/N): ____

If under 18 years of age, you must include a copy of your birth certificate!

Address _____ City _____

St./Prov. _____ Zip/Postal code _____ Phone _____

E-mail address (adult) _____

E-mail address (youth) _____

Primary local group affiliation or Associate Member _____

Is this your first conference? (Y/N) _____ Package # _____ Amount enclosed \$ _____

If not a CSJO member or a member of a CSJO affiliate, please add \$35.00 to listed prices.

**Conference fees on Registration Packages #1 – #8 are good through May 10, 2018.
For these registrations, if postmarked after May 10, 2018, add an additional \$35.00 per registrant.
Registration Packages #9 – #16 are good through May 22, 2018.**

I wish to share a room with (for packages 2–8 only)

Special housing or dietary needs. We will try our best to accommodate all special needs!

I hereby give permission for images of my child and/or myself, captured during CSJO's annual Memorial Day weekend conference through video, photo and digital camera, to be used solely for the purposes of CSJO's promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of minor: _____ Age: _____

Name of parent/guardian: _____

Parent/Guardian signature: _____

Please pay by check, money order, or cashier's checks (**all in US funds only**) or
with credit card on our web site: **www.csjo.org**

Send this form and, if applicable, copy of birth certificates, medical and other necessary forms, plus a
check, money order, or cashier's checks (**all in US funds only**) to:

CSJO 2018 Annual Conference
c/o Joan M. Kurtz
359 Main Street
Unit 3B
Easthampton, MA 01027