

REGISTRATION INFORMATION AND FORMS

REGISTRATION FEES

Registration fees include meals for the days you attend (except Thursday evening dinner on-your-own). This includes meals provided for off-site workshops (unless noted otherwise).

Registration	Full	Daily	Postmark
Early Bird	\$200	\$120	9-09-05
Regular	\$220	\$140	10-10-05
Late	\$240	\$160	10-28-05

No registration will be accepted if postmarked after November 1, 2005.

To register for workshops and tours, indicate your 1st, 2nd and 3rd choices for each time period on the registration form. All workshops and tours are assigned on a first come, first-serve basis. Add tour fees to the registration fee.

CANCELLATION POLICY

To cancel your registration, contact your state coordinator. Cancellations received after October 10 are subject to a \$25 handling fee. No refunds will be issued after October 28. Refund requests must be submitted in writing to the South Dakota State University CES, Family & Youth/4-H Office, Ag Hall 104, Box 2207E, Brookings, SD 57007. Registration transfers to substitute delegate are welcome if you are unable to attend.



Emergency Medical Information

Participant Name		Date of Birth	
Street, City, State, Zip			
Emergency Contact Name and Relationship:			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Home Phone:		Work Phone:	
Alternate Emergency Contact Name and Relationship:			
Home Phone:		Work Phone:	

Health Information Statement

Please check items you feel Extension personnel may need to know to maximize the safety and well-being of the participant. Also, please list specific information on any items you have checked. Please be concise. In the event of an emergency, this form may be the only immediate source of accurate information.

- Nervous or Mental (epilepsy, emotional stress, convulsions)
- Lung Disease (asthma, persistent cough, tuberculosis)
- Disease of heart or blood vessels, increased or abnormal blood pressure
- Pain in chest or shortness of breath (heart murmur, rheumatic fever)
- Stomach or intestinal trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)
- Arthritis, Diabetes, Kidney or Bladder Disease
- Hay fever or allergies
- Allergy to medicines (including penicillin, tetanus)
- Impaired sight or hearing, chronic ear infections
- Recent surgical operations, accidents, or injuries
- Any infectious disease
- Skin Disease
- Allergy to foods
- Significant orthopedic and/or neuromuscular
- Impairment (e.g. loss of limb, spinal cord injury)
- Under care of physician (give name and phone number below) for chronic recurring problem
- Do you wear glasses OR contact lenses (please circle which)
- Currently taking medication (list names and doses below)
- Currently taking medication which need refrigeration
- Date of last TETANUS BOOSTER _____

Please provide detailed information for any checked items above. Please be specific.

Family doctor or clinic where medical records are located: _____

City/State: _____ Phone: (____) _____

Insurance provider: _____ Policy# _____

(For Youth under age 18): As a parent or guardian, I understand if a serious illness/injury develops, medical or hospital care will be given to my child. I further understand that in case of serious illness/injury, I will be notified. If it is impossible to contact me, I give my permission for emergency treatment, x-ray, or surgery, as recommended by an attending physician. I also understand I will be responsible for payment of any emergency medical expenses.

Signed: _____ **Date:** _____

Website: <http://4h.sdstate.edu>



Workshop/Tour Preference

Name: _____

Important information and instruction:

- Please select a workshop or tour for each block of time. Workshops are filled on a first come, first-served basis. This will provide us with your preferred options in case your 1st choice is filled or cancelled.
- Your choice combinations should not total more than four choices for each block of time.
- Some workshops are linked sessions covering two time slots and are noted as such in the description. Please register for both of these workshop sessions.
- Note: Some workshops have an additional fee which will be collected at the workshop by the presenter.

Example only					
Friday Workshops	Long Tour (FLT)	Short Tour (FST)	1st Choice	2nd Choice	3 rd Choice
10:15-11:30 a.m. (Series 100)	10:30 a.m. to 5 p.m. (FLT)		104	FLT	109
2:00-3:15 p.m. (Series 200)		1:30-3:30 p.m. (FST)	201	FLT	FST
3:45-5:00 p.m. (Series 300)			301	FLT	304

Registration

Friday Workshops	Long Tour (FLT)	Short Tour (FST)	1st Choice	2nd Choice	3 rd Choice
10:15-11:30 a.m. (Series 100)	10:30 a.m. to 5 p.m. (FLT)				
2:00-3:15 p.m. (Series 200)		1:30-3:30 p.m. (FST)			
3:45-5:00 p.m. (Series 300)					
Saturday	Long Tour (SLT)	Short Tour (SST)	1st Choice	2nd Choice	3 rd Choice
10:15-11:30 a.m. (Series 400)	10:30 a.m. to 5 p.m. (SLT)				
2-3:15 p.m. (Series 500)		1:30-3:30 p.m. (SST)			
3:45-5 p.m. (Series 600)					

Website: <http://4h.sdstate.edu>



2005 North Central Region Volunteer Forum REGISTRATION FORM

Please complete the personal information, workshop and tour registration, and health form, and return them to your state or provincial coordinator (see the listing on the back cover). South Dakota State University is not responsible for costs due to cancellation. (Duplicate this Registration Form as needed)

Personal Information (Please Print)				
Name				<input type="checkbox"/> Male <input type="checkbox"/> Female
Address, City, County, State, Zip				
Phone	(Day)	(Eve)	E-mail	
Emergency Contact				
Name		Phone	(Day)	(Eve)
Auxiliary Aids or Services Required				
If you require auxiliary aids or services because of a disability, please describe below or contact the Conference Division at 605-688-4167 at least one week before the program begins. Aids/Service: _____				
Special Diet				
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Other _____		

Status

- Adult 4-H Volunteer
 Extension Staff Member
 Youth: (Note: If participant is under age 18, Health form must be completed and returned with registration.)
 Name of Adult Supervisor _____
 Other: List _____

Forum Participation

Number of NCRVF'S attended (Include '05) _____

I plan to attend the Sunday morning breakfast.
 I would like to serve as a workshop host/hostess.
 I would like to represent my state/province in the flag ceremony.

I will arrive by: Car/Van Charter Bus Airplane

Arrival Date: _____ Approx. Time: _____ a.m./p.m.

Depart. Date: _____ Approx. Time: _____ a.m./p.m.

Out-of-State Delegates: Please contact your state/provincial coordinator about registration and payment methods. See list of coordinators on back cover.

South Dakota Residents: Contact your local Extension office about possible financial support. Personal checks, certified checks, or money orders should be made payable to South Dakota State University Foundation. Credit card payment option is also available:

- MasterCard Discover
 Visa American Express

Card #: _____

Exp. Date: _____

Signature _____

(Required for credit card payments only.)

Please send registrations and payment to:

Ida Marie Snorteland
 927 Sunset Drive
 Spearfish, SD 57783
 (605)642-5123
 snortela@mato.com

Registration Fees

All Deadlines listed are "Postmark" deadlines.
No registration will be accepted after November 1.

Registration	Full	Daily	Fri./Sat.		
Early Bird: 9-09-05	\$200		\$120	F S	
Regular: 10-10-05	\$220		\$140	F S	
Late: 10-28-05	\$240		\$160	F S	
				Registration Total	
Tours				Cost	\$
Fri. (10:30-5 p.m.)	Mt. Rushmore/ Crazy Horse			\$20	
Fri. (1:30-3:30 p.m.)	Journey Museum Prairie Edge Rushmore Gold Co.			\$10	
Sat. (10:30-5 p.m.)	Mt. Rushmore/ Crazy Horse			\$20	
Sat. (1:30-3:30 p.m.)	Journey Museum Prairie Edge			\$10	
				Tour Total	
Apparel	Size	Cost	\$		
Denim Shirt	__S__M__L__XL	\$25			
	__XXL*__XXXL*				
Sweatshirt	__S__M__L__XL	\$20			
	__XXL*__XXXL*				
Polo-Shirt	__S__M__L__XL	\$20			
	__XXL*__XXXL*				
T-shirt	__S__M__L__XL	\$12			
	__XXL*__XXXL*				
				Apparel Total	\$

*NOTE: add \$2 for XXL and XXXL

Total Payment Enclosed \$ _____

Website: <http://4h.sdstate.edu>