

# CHAPERON / INSTRUCTOR REGISTRATION FORM

**Minnesota Cooperative Youth  
Leadership Conference  
March 16-17, 2009  
Radisson Hotel, Roseville, MN**

To: **Cooperative Network**  
131 W. Wilson St., Suite 400  
Madison, WI 53703-3269  
Fax: (608) 258-4407

**RETURN FORMS BY: February 20, 2009**

Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Sponsor: \_\_\_\_\_

Sponsor Email Address: \_\_\_\_\_

\_\_\_\_\_ \$155.00 Conference fee per chaperone based on double occupancy\*

\_\_\_\_\_ \$215.00 Conference fee per chaperone based on single occupancy\*

\_\_\_\_\_ **I require Sunday night lodging. Advance arrangements must be made with your sponsor. Sunday night lodging fees are not included in the conference registration fee. The cost is \$93.**

- Conference fee includes Monday night lodging, meals, breaks, speaker fees, conference t-shirt, and conference materials.

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**Please specify any disability accommodations needed** (indicate number of registrants needing one or more of the following to participate in this conference:

\_\_\_\_\_ Dietary restrictions/vegetarian; please specify \_\_\_\_\_

\_\_\_\_\_ Brailled materials \_\_\_\_\_ Taped or large print materials

\_\_\_\_\_ Interpreter (e.g. ASL, signed English), please specify \_\_\_\_\_

\_\_\_\_\_ Accessible parking space \_\_\_\_\_ Wheelchair or Scooter User

\_\_\_\_\_ Barrier-free room \_\_\_\_\_ Other

(specify): \_\_\_\_\_

**Requests must be made before the final registration deadline. After the deadline, no guarantee can be made for diet or other accommodations.**

**For further information, call: (608) 258-4400 or (651) 228-0213**