



Registration Form

Complete both sides of this form. Please photocopy this form for your records.

1 INSTRUCTIONS

- On-line registration (www.10thworldcongress.org) is encouraged. For fax or mail registrations, complete all sections of this form & photocopy both sides for your records. One registration per form.
- Payment will only be accepted in U.S. Dollars from a U.S. Bank.
- A \$75 Late Charge will be assessed for registrations, P.O. copy or payments received after **February 10, 2009**.
- ICISF cannot accept registrations by phone.
- Official registration confirmations will be sent by email. If you do not have an email address, please allow at least three weeks to receive a mailed confirmation.

CANCELLATION POLICY: See previous page.
Complete form carefully to avoid delays in processing.

Register On-Line and earn a chance to WIN your 10th World Congress Registration for FREE!
Refer to the On-line Registration page of the 10th World Congress website (www.10thworldcongress.org) for more details and restrictions.

2 PERSONAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY

Administrative Code

Name _____ Degree/Credentials (Max. of 3) _____

Address _____

City _____ State/Province _____ Postal/Zip Code _____ Country _____

Daytime Phone # _____ Fax _____ Evening Phone # _____

Email Address _____ Check here if you DO NOT wish to receive World Congress email updates.

Company or Organization _____ Check here if company name is to be included in mailing address.

Primary Occupation (*please circle only one*): Fire / EMS / Law Enforcement / Psychologist / Social Worker / Substance Abuse Counselor / Counselor / Nurse / Education / Healthcare / Military / Faith-Based Providers / Business & Industry / EAP / Transportation / Student / Other _____

Is this the first ICISF World Congress you have attended? No Yes

Check here if you have a disability & may require accommodation, per the Americans with Disabilities Act, to fully participate. You will be contacted by ICISF.

I have the following dietary restrictions: Kosher Diabetic Other _____

3 ICISF MEMBERSHIP (Optional)

ICISF Member? No Yes Current ICISF Membership # _____

JOINING NOW (or renewing). Include dues (from box at right) in registration total (Section 12 on this form) & pay applicable Member World Congress registration fees.

-CIRCLE preferred membership option/fee below-

	Level One Membership		Level Two Membership	
	One Year	Two Years	One Year	Two Years
US Resident	\$50.00	\$85.00	\$110.00	\$195.00
International	\$55.00	\$95.00	\$125.00	\$225.00

4 PAYMENT INFORMATION

Late charge of \$75 per registrant will be assessed if registration, P.O. copy OR payment is received after February 10, 2009.
ICISF reserves the right to charge the correct amount if different from the total payment listed on the back of this form.

VISA MASTERCARD DISCOVER AMERICAN EXPRESS Credit Card # _____

Name as it appears on card _____ Exp. Date _____ Security Code _____

Signature _____

P.O.# _____ Attach a hard copy to this form. Registration is not complete unless a copy of an authorized P.O. is received with this form.

CHECK ENCLOSED, payable to ICISF, Inc. (U.S. Dollars, U.S. Bank) \$20 fee for all returned checks.

5 15-MINUTE SEATED MESSAGE

For planning purposes, please indicate if you intend to sign up on-site for a complimentary 15-minute seated massage. Data gathered on this form will be used to schedule an adequate number of massage therapists to the best of ICISF's ability. Information provided here does not constitute an appointment. You must sign up on-site, & space will be limited. Main Congress registrants only.

Yes, I plan to sign up for a free seated massage, if available. Circle the one day you'd like a massage: FRI SAT

No, I do not plan to sign up for a free seated massage.

6 SPECIAL MEETINGS

Indicate your plans to attend any of these no-fee Special Meetings at the World Congress

CISM Coordinators Meeting, Thurs. 2/26 Spiritual Services S.I.G., Thurs. 2/26

3 EASY WAYS TO REGISTER

Online: www.10thworldcongress.org **Mail to:** ICISF, 3290 Pine Orchard Lane, Ste. 106 Ellicott City, MD 21042 **Fax to:** (410) 750-9601

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Complete both sides of this form. Please photocopy this form for your records.

Name _____
Day Phone _____

7 PRE-CONGRESS (FEB. 24-26)

Choose One Option Below

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> One 1-day Workshop (2/25 or 2/26)
<i>Choose 1 workshop from the Wed. (A-E) or Thurs (F-J) boxes at the right.</i> | <input type="checkbox"/> \$179 | <input type="checkbox"/> \$206 |
| <input type="checkbox"/> Two 1-day Workshops (2/25 & 2/26)
<i>Choose 1 workshop from Wed. and 1 from Thurs. in the boxes at the right.</i> | <input type="checkbox"/> \$268 | <input type="checkbox"/> \$308 |
| <input type="checkbox"/> One 2-day Workshop (2/25 & 2/26)
<i>Choose 1 workshop from the 2-day Workshop box (K-M) at the right.</i> | <input type="checkbox"/> \$268 | <input type="checkbox"/> \$308 |
| <input type="checkbox"/> One 3-day Workshop (2/24 - 2/26)
<i>Choose 1 workshop from the 3-day workshop box (N or O) at the right.</i> | <input type="checkbox"/> \$468 | <input type="checkbox"/> \$538 |

Subtotal for Pre-Congress

8 MAIN CONGRESS (Feb. 27-March 1)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Main Congress 3-day Package (best value)
<i>3-day Package Registration Includes:</i> | <input type="checkbox"/> \$419 | <input type="checkbox"/> \$482 |
| <ul style="list-style-type: none"> • Four Afternoon Workshops (one each from A, B, C, D) • Friday Evening Plenary with Coffee & Dessert • Sunday Morning Plenary with Breakfast | 3-day Package
Select one from each section in the boxes at right (A, B, C & D). | |

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Main Congress 1-day registration
<i>Select:</i> <input type="checkbox"/> Friday OR <input type="checkbox"/> Saturday
<i>All 1-day Registrations Include:</i> | <input type="checkbox"/> \$245 | <input type="checkbox"/> \$282 |
| <ul style="list-style-type: none"> • Two Afternoon Workshops (Friday registrants select one each from A & B) (Saturday registrants select one each from C & D) • Friday Evening Plenary with Coffee & Dessert | 1-day Registration
Make your Afternoon Workshop selections from <u>either</u> the Fri. <u>or</u> Sat. box at right. | |

Subtotal for Main Congress

SPECIAL EVENTS

Optional Ticketed Events for Main Congress Registrants

- Awards Luncheon (Fri., Feb. 27 • 12:30pm-2:00pm)
_____ Tickets @ \$28 each
- Ask the Experts/Hot Topic Lunch (Sat., Feb.28 • 12:45pm-2:00pm) 1 Ticket @ \$19
Select from topics described on website. Includes facilitated discussion & box lunch. Please indicate your 1st, 2nd & 3rd choice. Topic assignments will be made on a 1st-come, 1st-served basis. Space is limited.
1st choice _____ 2nd choice _____ 3rd choice _____
Select One: Grilled Vegetable Wrap
 Grilled Chicken Sandwich
 Roast Beef Sandwich
- "Mardi Gras Mambo" Party, Dinner & Silent Auction (Sat., Feb.28 • 7:00pm-11:00pm) # _____ Tickets @ \$63 each.....

10 AUDIO PROCEEDINGS (Optional)

Preorder the most complete compilation of the conference events and resources available — audio only or synchronized audio CD-ROM of all recorded Main Congress Presentations (up to 57 presentations). More details available at www.10thworldcongress.org.

- Audio CD-ROM (mp3 format) @ \$99** Full audio recordings of all Main Congress recorded presentations (up to 57 presentations)
- Audio (mp3 format) & Synchronized Audio CD-ROM @ \$125** Same as above, plus synchronization to Power Point slides when available (up to 57 presentations)

Subtotal for Audio Proceedings.....

11 LATE CHARGE if registering after 2/10/09

Late charge of \$75 per registrant will be assessed if registration, P.O. copy OR payment is received after Feb. 10, 2009.

Subtotal for Late Charge

12 ICISF MEMBERSHIP DUES:

If joining or renewing, complete Section 3 from reverse of this form and write in selected fee in the box at right

13 TENTH WORLD CONGRESS FEE TOTAL

Pre-Congress Workshop Selections

If you are attending Pre-Congress Workshops, please make selections below based on number of days you've registered for at left.

Wednesday, 2/25 only A B C D E	Thursday, 2/26 only F G H I J
May select one from Wed & one from Thurs (above). & pay the 2-day Pre-Congress Workshop price. If selecting 2-days or 3-day Workshop, it is not possible to attend any other workshop.	
2-Day Workshops (2/25 & 2/26) K L M	3-Day Workshops (2/24 - 2/26) N O

Main Congress Afternoon Workshop Selections

Friday February 27, 2009

If attending Friday, select one from A & one from B

"A" Workshops: 2:00-3:30 pm	A1 A2 A3 A4 A5 A6 A7 A8 A9 A10
"B" Workshops: 4:00-5:30 pm	B1 B2 B3 B4 B5 B6 B7 B8 B9 B10

Saturday, February 28, 2009

If attending Saturday, select one from C & one from D

"C" Workshops: 2:00-3:30 pm	C1 C2 C3 C4 C5 C6 C7 C8 C9 C10
"D" Workshops: 4:00-5:30 pm	D1 D2 D3 D4 D5 D6 D7 D8 D9 D10

Complimentary Ticketed Events for Main Congress Registrants

- Evening Special Plenary Session/Military Symposium (Fri., Feb.27 • 7:30pm-9:30pm) Includes Dessert & Coffee
If registered for the Main Congress, please indicate whether you plan to attend: Yes OR No
- Final Morning Breakfast (Sun., March 1 • 8:00am-8:45am)
Breakfast precedes Sunday morning Plenary Sessions
If registered for 3-day Main Congress, please indicate whether you plan to attend: Yes OR No
Select One: Cinnamon French Toast w/ Country Ham
 Scrambled Eggs w/ Bacon & Potatoes

To purchase ticket for Friday Evening Plenary Session/Military Symposium when not registered for Main Congress, please use on-line registration.

3 Easy Ways to Register

Online at www.10thworldcongress.org
Register online & earn a chance to WIN your World Congress registration for FREE! Details at www.10thworldcongress.org. If registering online, please do not mail or fax your registration.

Fax to (410) 750-9601

Mail completed form to:
ICISF, 3290 Pine Orchard Lane, Ste. 106, Ellicott City, MD 21042
Do not send cash. Make checks payable to ICISF in U.S. Dollars from a U.S. bank.