

# Registration

CONVENTION  
**2010**

<p><b>CONVENTION REGISTRATION</b> May 27-30, 2010 Deadline May 1, online registration open until May 14 <i>(For your immediate family – includes grandparents)</i></p>	<p>FPEA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Five-digit FPEA ID number: _____  <i>Early-registration fee deadline: May 1 (postmarked). After that, payment at the Convention is \$5 more. Payments mailed after May 1 will be returned.</i>                  Husband's Last Name: _____ Husband's First Name: _____                  Wife's Last Name: _____ Wife's First Name: _____                  Mailing Address: _____                  City: _____ State: _____ ZIP: _____                  Phone (____) _____ (required) E-mail: _____  <b>Cost:</b> <input type="checkbox"/> FPEA Member <b>\$45</b> <input type="checkbox"/> Non-Member <b>\$85</b> Check # _____</p>	<p><b>AMOUNT DUE</b> \$ _____</p>
<p><b>LEADERS FORUM</b> Thursday, May 27 Deadline: May 1</p>	<p>Name of group: _____ # of members in group: _____                  What type of group are you part of? <input type="checkbox"/> Private school <input type="checkbox"/> Support group  <b>Cost: \$25 per person</b> – Must register for Convention in order to attend.</p>	<p>\$ _____</p>
<p><b>GRADUATION CEREMONY</b> Sunday, May 30  CEREMONY Deadline: <b>April 1</b> DINNER &amp; LUNCHEON Deadline: <b>May 1</b> DANCE only Deadline: <b>May 29</b></p>	<p>Graduate's Full Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F                  Graduate's E-mail: _____ Parent's E-mail: _____  <b>Graduation Cost: _____ \$75.00</b>  <ul style="list-style-type: none"> <li>• <b>Pre-Graduation Dinner &amp; Dance</b> (Saturday, May 29) <b>(PAID IN ADVANCE)</b>                      _____ \$29.00 / adult _____ \$18.00 / child (6-12) _____ 5 and under free</li> <li>• <b>Dance only, with no dinner</b> <b>(PAID IN ADVANCE)</b> _____ \$13.00</li> <li>• <b>Sunday Buffet Luncheon</b> (Sunday, May 30) <b>(PAID IN ADVANCE)</b>                      _____ \$23.00 / adult _____ \$15.00 / child (6-12) _____ 5 and under free</li> </ul> </p>	<p>\$ _____ \$ _____ \$ _____ \$ _____</p>
<p><b>TEEN PROGRAM</b> Summit Ministries Ages 13-19 Deadline: May 1</p>	<p>Student's Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate: _____                  Student's Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate: _____                  Parent's phone/e-mail _____  <b>Cost: \$35 per student</b> – covers both days, does <b>not</b> include lunch</p>	<p>\$ _____</p>
<p><b>CHILDREN'S PROGRAMS</b> <b>1.</b> FPEA presents a fun, action-packed trip <b>Around the World in 2 Days</b>  <b>2.</b> Children's Conferences International presents <b>Star Patrol</b>  Ages 5-12 Deadline: May 1</p>	<p>Child's Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate: _____  <small style="margin-left: 100px;">Last Name</small> <small style="margin-left: 100px;">First Name</small>  <input type="checkbox"/> Around the World in 2 Days <input type="checkbox"/> Star Patrol                  Child's Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate: _____  <input type="checkbox"/> Around the World in 2 Days <input type="checkbox"/> Star Patrol                  Child's Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate: _____  <input type="checkbox"/> Around the World in 2 Days <input type="checkbox"/> Star Patrol                  Cellular or Pager #: _____ Parent's E-mail _____  <b>Cost: \$75 per student</b> – covers both days, includes lunch</p> <p><b>AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID</b>                  I hereby authorize the Director and Staff to give consent for any and all necessary emergency medical and First Aid care for my child(ren):                   Signature of Parent/Guardian: _____  <b>NOTE:</b> If any children have food allergies, their lunch and snacks must be provided by the parents in appropriately marked containers.</p>	<p>\$ _____</p>
<p><b>FPEA Homeschool Foundation</b> www.fpeafoundation.com</p>	<p>I would like to give to the:  <input type="checkbox"/> Compassion Fund <input type="checkbox"/> Single-Parent Scholarship <input type="checkbox"/> College Scholarship                  All gifts are tax-deductible. 100 percent of each fund's revenue goes directly to families in need.</p>	<p>\$ _____</p>
<p><b>CANCELLATION POLICY:</b> No refunds will be issued within 30 days of the Convention. Prior to that date, refunds will be made less a \$5 processing fee. There is a \$10 processing fee for any check returned for insufficient funds.</p>		<p><b>TOTAL:</b> \$ _____</p>