

REGISTRATION FEES & INFORMATION



Fee for attendance includes general sessions, 2 evening receptions, continental breakfast, lunch, and morning and afternoon breaks.

		If postmarked on or before 9/10/01	If Postmarked after 9/10/01	Amount To Pay
FULL REGISTRATION				
Training Institute and Conference	(October 22-26)	435.00	485.00	\$ _____
Training Institute Only	(October 22-24)	270.00	300.00	\$ _____
Conference Only	(October 25-26)	165.00	185.00	\$ _____

OR

DAILY REGISTRATION				
Monday	(October 22)	90.00	100.00	\$ _____
Tuesday	(October 23)	90.00	100.00	\$ _____
Wednesday	(October 24)	90.00	100.00	\$ _____
Thursday	(October 25)	90.00	100.00	\$ _____
Friday	(October 26)	75.00	85.00	\$ _____

FORM OF PAYMENT
 (Check one) - registration will not proceed w/o payment:

Visa Mastercard Check Enclosed

Amount Enclosed or Charged to Account _____

Credit Card # _____

Exp. Date _____

Cardholder's Signature _____

Print Name of Cardholder _____

Sub-Total Amount	\$ _____
10% Discount for Individual/Agency Members	\$ _____
Sub-total Amount (after discount)	\$ _____
Keynote Dinner \$20.00 per person	\$ _____

I am currently a VOMA member: yes _____ no _____

I am joining now: yes _____ no _____

VOMA Membership Fees

Agency/Organization	\$150.00
Individual	\$ 40.00
Full-Time Student	\$ 15.00

Annual Membership Fee (if applicable)	\$ _____
Grand Total Enclosed	\$ _____

Special Dietary Requirements:
 () Vegetarian
 () No Dairy
 () Other _____

Cancellations prior to October 15, 2001, are refunded at a rate of 85% of the amount paid. After October 15, cancellations will be refunded at 70% of amount paid.

Make checks payable to VOMA.

Send registration and payment to:
 International Victim Offender Mediation Association
 c/o Center for Policy, Planning and Performance
 2344 Nicollet Ave South, Suite 330
 Minneapolis, MN 55404