

**NVC AND DIVERSITY RETREAT:  
FOCUS ON RACE, ETHNICITY AND SOCIAL CLASS IN NORTH AMERICA**

**REGISTRATION FORM**

**AUGUST 10 – AUGUST 17, 2008**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Name as you would like it on your badge: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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**Payment Info:**

How much are you paying towards your registration at this time: \_\_\_\_\_

*Note: Full refund for all money paid, less a \$50 processing fee, is available upon request prior to 07/01/08. After 07/01/08, full refund less \$200 (to cover costs associated with arrangements that have been made) is available.*

Total payment at this time: \_\_\_\_\_

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To assist our planning and for our records, what do you intend your total contribution to be? (Our hoped for average contribution is \$1350.) \_\_\_\_\_

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**Registration Info:**

1. Do you need any special assistance to meet needs for health, safety, or ease? Do you have any health concerns which you would like to share with us? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

2. What are your dietary preferences? (choose one)

meat/poultry fish       poultry or fish (no meat)       vegetarian only       vegan only

3. Would you like to volunteer on any of the following committees?

Welcome & Registration       Food       Beautification       Travel & Rides

Please answer the next two questions to help us in organizing the empathy groups.

4. What is the total number of days of NVC training you have attended, if any?

0 (none)       1 – 2       3 – 6       7 – 20       21 or more

5. How many months of practice group experience have you had, if any?

0 (none)       1 – 3       4 – 6       7 – 12       13 – 24       25 or more