

INTERNATIONAL HUMAN LEARNING RESOURCES NETWORK

Registration for **48th** Annual Conference: **October 8-15, 2017 at Sunriver Resort in Sunriver, OR.**

Mail this registration form by **May 30, 2017** - or sooner because we may fill quickly - with check or money order (in US dollars only) payable to IHLRN to:

**IHLRN Conference
c/o M.A. Bjarkman
4119 Inglewood Blvd.
Los Angeles, CA 90066**

Call M.A. at **317-850-5111** with questions. Please print legibly.

Name(s): _____ (BA, MS, PhD, etc.) _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____

Phone: (h) _____ or (cell) _____ Email: _____

Please check as many of the following statements as apply to you:

- _____ My/our address is either new or corrected.
- _____ I have applied for a scholarship in the amount of \$_____.
- _____ I/we am/are enclosing a check in the amount indicated below:
 - \$_____ Single (**\$1715**)
 - \$_____ Double (**\$1225/\$2450**)
 - \$_____ No triples or quads unless you want to share queen beds. No sofa beds!
 - \$_____ Tips for hotel staff
 - \$_____ Scholarship recipient partial payment
 - \$_____ Additional donation to IHLRN Scholarship Fund
 - \$_____ **Total amount enclosed**

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I wish to share a room with (name) _____

My/our special needs are: _____

I/We agree that IHLRN and/or its Board of Directors will not be held responsible for any claims or damages arising out of my/our attendance at this conference.

Signature(s) _____ Date: _____

(NOTE: All attendees must sign.)