



**Stake Your Claim**

# 2004 NAE4-HA Conference

Oklahoma City, OK • October 31-November 4, 2004

## registration form

Use this form to register for the NAE4-HA Conference.

### PAYMENT POLICY

Full registration payment must be submitted with this form. Please complete the credit card information or enclose a check or money order in US dollars. A \$20 fee will be applied for returned checks. Make checks payable to and mail to:

2004 NAE4-HA Conference  
1235-E East Blvd., #213  
Charlotte, NC 28203  
Phone: 704-333-8445

### CANCELLATION AND REFUND POLICY

**Cancellation by a Registrant:** Cancellations must be made in writing. If notice is received prior to October 4, the refund will equal the payment received less \$50. If notice is received between October 4-15, the refund will equal 50% of the payment received. No refund will be issued if cancellation notice is received after October 15. Refund checks are issued 4-6 weeks after the conference.

**Conference Tours:** If registration for tours is low, we reserve the right to cancel any Conference tour(s). Should this occur, you will be notified in advance, and a full refund will be issued 4-6 weeks after the conference. Conference tour tickets are non-refundable once purchased, unless conference management cancels the tour.

Note: If you register on-site, meals are available only if space permits.

### EMERGENCY INFORMATION

Name of Emergency Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Pre-existing Conditions (optional) \_\_\_\_\_

### PERSONAL INFORMATION

(Use one form per person.)

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Please enter your name exactly as you want it to appear on your nametag.

Street Address \_\_\_\_\_

PO Box/Suite \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Check if special meals are requested. (Describe special need.)

Check if any other special needs are requested. (Describe special need.)

### PARTICIPANT INFORMATION

(Check all that apply.)

- NAE4-HA Member       Spouse/Friend
- Non-Member           Youth

- North Central Region       North East Region
- Southern Region           Western Region

Presenter     Exhibitor     Sponsor/Donor

- County Staff       District Staff       State Staff
- National Staff     Non-Extension

- '04 DSA Recipient                       '04 25 Year Recipient
- '04 ASA Recipient                       '04 Meritorious Svc. Recipient
- '04 Communicator Award               Specialty Award Recipient
- Past NAE4-HA Nat'l President       Profes. Devel. Award Recipient
- National Board Member               State President
- Life Member/Retiree                   State Extension Director
- State 4-H Leader                       CSREES/USDA
- National 4-H Council                   First Time Attendee

Name: \_\_\_\_\_



# 2004 NAE4-HA Conference

**Oklahoma City, OK • October 31-November 4, 2004**

## REGISTRATION INFORMATION

### A – Youth Development Research, Scholarship and 4-H Integrated Conference

For pre-conference information, visit <http://nae4ha.okstate.edu>

10/31 Sun 10am-3pm &	Cost	Amt. Due
11/1 Mon 1:30-4:45pm	\$85	\$ _____
<b>Sub-total</b>		<b>\$ _____</b>

### B – Full Time Registration

*Includes: opening event, box lunch, awards banquet, regl. luncheon, closing event, seminars, exhibits & materials*

**Early Bird** (Postmarked by 7/15/04)

Member – \$300 \_\_\_\_\_ Non-Member – \$350 \_\_\_\_\_

**Regular** (Postmarked between 7/16/04 & 9/30/04)

Member – \$350 \_\_\_\_\_ Non-Member – \$400 \_\_\_\_\_

**Late & On-site** (Postmarked after 9/30/04)

(Meals availability cannot be guaranteed with late/on-site registration.)

Member – \$400 \_\_\_\_\_ Non-Member – \$450 \_\_\_\_\_

**Sub-total** \$ \_\_\_\_\_

### C – Part-Time Registration

*(Registration fee includes seminars, exhibits & materials ONLY for days selected.)*

Select Days Attending (*circle*) Sun Mon Tues Wed Thurs

Number of days attending \_\_\_\_\_ X \$75 per day = \$ \_\_\_\_\_

**Meals (If you are registered Full Time, DO NOT complete this section unless you are purchasing extra meal tickets.)**

Date	Meal	Cost	Quantity	Cost
10/31, Sun	Opening Event	\$30	_____	\$ _____
11/1, Mon	Box Lunch	\$10	_____	\$ _____
11/2, Tues	Awards Banquet	\$60	_____	\$ _____
11/3, Wed	Regional Luncheon	\$30	_____	\$ _____
11/4, Thurs	Closing Event	\$40	_____	\$ _____
<b>Sub-total</b>				<b>\$ _____</b>

### D – Friends and Family Registration

*Registration Fee ONLY. Meals may be purchased in Sections C and F.*

Adult or Youth – \$30/per person \_\_\_\_\_

List Children's ages \_\_\_\_\_

**Sub-total** \$ \_\_\_\_\_

### E – Friends and Family Tours

For tour information, visit <http://nae4ha.okstate.edu>

You must be registered in Sections B, C or D to participate in these activities.

Date	Event	Cost	Amt. Due
10/31, Sun	"An Affair of the Heart" <i>(fee covers transportation only; \$5 admission &amp; lunch will be on your own)</i>	\$8.00	\$ _____
11/2, Tues	Kirkpatrick 4-H Farm & Express Ranch <i>(includes lunch)</i>	\$20.00	\$ _____
11/3, Wed	Remington Park Tour <i>(includes lunch)</i>	\$30.00	\$ _____
<b>Sub-total</b>			<b>\$ _____</b>

### F – Special Events

*Pre-registration required*

Date	Event	Cost	Amt. Due
10/31, Sun	Leadership Lunch <i>(State Presidents &amp; President Elect Only)</i>	No Charge	<input type="checkbox"/> Check box if you will attend
11/1, Mon	1st Time Attendee Breakfast	No Charge	<input type="checkbox"/> Check box if you will attend
11/1, Mon	Past National Presidents Breakfast <i>(Past Pres. Only)</i>	No Charge	<input type="checkbox"/> Check box if you will attend
11/1, Mon	Retiree/Life Member Luncheon	\$18.00	\$ _____
11/1, Mon	International Luncheon	\$24.00	\$ _____
11/2, Tues	State & National Staff Luncheon	\$24.00	\$ _____
<b>Sub-total</b>			<b>\$ _____</b>

Name: \_\_\_\_\_

## REGISTRATION INFORMATION

### G – Seminars on Wheels, Thursday, November, 4

For descriptions, visit <http://nae4ha.okstate.edu>

Please indicate your top 3 choices below.  
Only 1 seminar will be assigned.

Event	Cost	Indicate 1st, 2nd, 3rd choice below
G1. Anadarko-Indian Capital of the Nation	\$35.00	_____
G2. AgVenture in Oklahoma	\$35.00	_____
G3. Guthrie – Oklahoma’s First State Capital	\$35.00	_____
G4. Historic Oklahoma City	\$35.00	_____
G5. Langston University OK 1890 Institution	\$35.00	_____
G6. Norman – Where the Dinosaurs meet Tornadoes	\$35.00	_____
G7. Oklahoma City Zoo and Omniplex	\$35.00	_____
G8. Arcadia Round Barn, Winery & Lazy E Ranch	\$35.00	_____
G9. 4H Shooting Sports	\$35.00	_____
Enter \$35 if purchasing a seminar.	<b>Sub-total</b>	\$ _____

### H – Pre-Conference Tours

For pre-conference tour descriptions, visit <http://nae4ha.okstate.edu>

Date	Tour	Cost	Amt. Due
10/30-31	Fall Foliage-SE Oklahoma (Sat-Sun, Overnight tour)	\$**	\$ _____
<i>If selecting the Fall Foliage Tour, please circle your occupancy choice.</i>		**Cost: Double occupancy	\$110/person
		<b>List roommate:</b> _____	
		Single occupancy	\$170/person
10/31, Sun	Wichita Mountains	\$40	\$ _____
10/31, Sun	Tulsa – Cultural Tour	\$50	\$ _____
10/31, Sun	Ponca City – Oil Baron’s Tour	\$45	\$ _____
		<b>Sub-total</b>	\$ _____

**Before submitting your registration, please review all information provided and review the Cancellation and Refund Policy.**

### I – Conference Souvenir

Check out the merchandise at <http://nae4ha.okstate.edu>

Conference Shirt (Indicate quantity & size)	Cost \$35
<b>Men Sizes</b>	Amt. Due
___ Sm ___ Med ___ Lg ___ XLg ___ XXLg ___ XXXLg	\$ _____
<b>Women Sizes</b>	
___ X Sm ___ Sm ___ Med ___ Lg ___ XLg	\$ _____
___ XXLg ___ XXXLg	
<b>Conference Feather</b>	
___ Sm – \$10 ___ Med – \$12 ___ Lg – \$15	
___ Set of 3 – \$35	
<b>Sub-total</b>	\$ _____

## PAYMENT INFORMATION

### Charge Breakdown

A. Research, Scholarship & 4H Integrated Conference	\$ _____
B. Full-Time Registration	\$ _____
C. Part-Time Registration	\$ _____
D. Friends and Family Registration	\$ _____
E. Friends and Family Tours	\$ _____
F. Special Events	\$ _____
G. Seminars on Wheels	\$ _____
H. Pre-Conference Tours	\$ _____
I. Conference Souvenirs	\$ _____
<b>Grand Total</b>	\$ _____

Circle method of payment  Check  Credit Card  
Check enclosed for \$ \_\_\_\_\_

### Credit Card Information

Circle Card type  Visa  MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as Appears on Card \_\_\_\_\_

Billing Address if Different from above \_\_\_\_\_

### FOR OFFICE USE

Check # \_\_\_\_\_ PM Date \_\_\_\_\_

CC Approval \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Batch # \_\_\_\_\_