



Mail-in Registration Form

Please include the following information:

Family name: _____ First name _____
 Address: _____ Gender: M _____ F _____
 City: _____ State: _____ Zip Code: _____
 E-mail address: _____ Phone: _____

For students and visiting scholars only:

College/University you are currently attending: _____
 Home Country: _____

Vocational Breakout Session – choose one:

- _____ Science/Technology
- _____ Agriculture/Conservation
- _____ Business/Commerce/Economics
- _____ Education
- _____ Infrastructure (applied technologies)
- _____ Civil Government
- _____ Social and Non Profit
- _____ Health
- _____ Arts
- _____ Family

Cultural Breakout Session – choose one:

- _____ Chinese
- _____ Korean
- _____ Japanese
- _____ Southeast Asia/ Oceania
- _____ South Asia
- _____ Middle East/North Africa
- _____ Europe/Russia
- _____ Central/South America
- _____ North America
- _____ Sub-Saharan Africa/South Africa

Transportation: Do you need a ride? _____
Do you need child care? Yes _____ No _____

Can you give a ride? _____
 Age(s) of your child(ren) _____

Full Conference (includes Sat. lunch & dinner):

General _____ \$50
 Student or visiting scholar _____ \$35
 Recent graduate (last 12 months) _____ \$35

Special registration options:

Saturday Only (includes lunch & dinner) _____ \$40
 Friday evening _____ \$10
 Saturday morning _____ \$20
 Saturday afternoon _____ \$20
 Saturday evening _____ \$10

PAYMENT ENCLOSED (payable to Wilberforce Academy): \$ _____

Mail no later than October 1, 2010:

Sylvia Lovett
 Registrar
 World View for World Healing Conference
 P.O. Box 10925
 St. Paul, MN 55110