

Beyond IQ: Greater Boston 2012

March 30, March 31, & April 1, 2012

Boston University Academy, 775 Commonwealth Ave, Boston, MA

Registration Form

Theories of Giftedness

*Sharing theory, practice, and questions about the needs of
HG/PG children, their families, and the professionals who work with them*

Instructions:

You may register for Beyond IQ in one of three ways:

- – Online by credit card or through your PayPal account.
<http://giftedconferenceplanners.org/payus/>
- By mail – send this form along with a check payable to Gifted Conference Planners to the address below. Please fill in all relevant blanks for each attendee. If you wish to include notes or special instructions, please use a separate sheet or the back of the page.
Gifted Conference Planners, c/o 7 North End Rd., Townsend, MA 01469-1124
- In person – while we prefer advance registration, walk-ins are welcome (prices will rise).

Registration Fees:

Category	Pre-Conference Seminars	Weekend Conference	
	Friday (with lunch) (20% discount for Fri. Reg. if attending all 3 days)	Registration (through March 21)	
		Sat & Sun	One Day
1 st Adult	\$75	\$150	\$80
2 nd Adult	\$75	\$120	\$65
4 to 6 Adults	\$315		
7 or more adults	\$50 each		
1 Adult ½ day	\$50		
1 st YA/Grad Student*	\$40	\$75	\$40
2 nd YA/Grad Student*	\$40	\$50	\$30
1 st Child (5-12)**	<i>(Children may not attend on Friday.)</i>	\$75	\$40
2 nd Child (5-12)**		\$50	\$30
Family Rate		\$350	

*IDs of YAs/Grad Students may be checked on the day of the conference.

** Registration of children implies acceptance of our Guidelines for Beyond IQ Children's Sessions – <http://beyonDIQ.camp9.org/children>. Children under six may attend, but must have a parent or adult over 18 with them at all times, as per the Guidelines for Young Children available at: <http://beyonDIQ.camp9.org/children>.

There is no fee for children under five. Children over 12 are deemed to be Young Adults.

Note: The family rate is available for families who are registering at least one adult *and* one YA or child. Friday registrations are not counted toward the family rate.

If you have questions, you can reach us by email at info@giftedconferenceplanners.org.

General Information:

Name: _____
 Street Address: _____
 City: _____ State/Province: _____ Postal Code: _____
 Country: _____ Phone Number: _____ Fax: _____
 Email: _____ Institution (if any): _____
 Total Fees: \$ _____ .00 + Donation (optional): \$ _____ = Total Amount Enclosed: \$ _____

I am registering a family and would like apply the discount:
Reminder: Checks should be made payable to Gifted Conference Planners.

Attendee Information:

Number of Attendees: (You may include additional copies of the third page as needed.)

Attendee 1:

Name:	_____	Age group:	<input type="checkbox"/> Adult <input type="checkbox"/> Child (Age: __) <input type="checkbox"/> YA/Grad Student
Email (if different):	_____	Institution:	_____
Sessions Attending: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	If you selected Friday, please tell us your primary role(s): <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Graduate Student		
Fees:	\$ _____		

Attendee 2:

Name:	_____	Age group:	<input type="checkbox"/> Adult <input type="checkbox"/> Child (Age: __) <input type="checkbox"/> YA/Grad Student
Email (if different):	_____	Institution:	_____
Sessions Attending: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	If you selected Friday, please tell us your primary role(s): <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Graduate Student		
Fees:	\$ _____		

Attendee 3:

Name:	_____	Age group:	<input type="checkbox"/> Adult <input type="checkbox"/> Child (Age: __) <input type="checkbox"/> YA/Grad Student
Email (if different):	_____	Institution:	_____
Sessions Attending: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	If you selected Friday, please tell us your primary role(s): <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Graduate Student		
Fees:	\$ _____		

Attendee 4:

Name:	_____	Age group:	<input type="checkbox"/> Adult <input type="checkbox"/> Child (Age: __) <input type="checkbox"/> YA/Grad Student
Email (if different):	_____	Institution:	_____
Sessions Attending: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	If you selected Friday, please tell us your primary role(s): <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Graduate Student		