

2008 STAR ISLAND CONFERENCE REGISTRATION

Household Last Name: <small>(For alphabetical sorting)</small>	Conference: NHSPA Photography Retreat <small>(Specify segment if applicable—e.g. weekend, 4-day/7-day, etc.)</small>
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Incomplete forms cannot be accepted. Be sure to fill out both sides of this form. Photocopies are welcome & a downloadable version is available at starisland.org

- ♦ Use a separate registration form for each conference, making sure to check individual rates and deadlines which may be different.
- ♦ Use a separate form for anyone from a different household—conferees on a single registration form will be billed together.
- ♦ Registration forms must be submitted to the appropriate conference registrar—see conference description for appropriate mailing address.

Household Contact Information ADDRESS _____ CITY _____ STATE _____ ZIP _____ DAY PHONE _____ HOME/EVENING PHONE _____ EMAIL ADDRESS(ES) _____	Emergency Contact Information In order for your registration to be complete, please list the name and phone number of someone (not on Star Island) whom we can contact in an emergency: NAME _____ RELATIONSHIP TO YOU _____ DAY PHONE _____ NIGHT PHONE _____
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NAME: LAST, FIRST, MI	NAMETAG/ NICKNAME	RELATION- SHIP TO PRIMARY CONTACT	NEW TO CONFERENCE? NEW TO STAR ISLAND?	BIRTH DATE (MM/DD/YY)	GENDER	PROFESSION/ AVOCATION/ GRADE (FALL 08)	ROOM TYPE (SEE BACK) REQUIRED	1ST FLOOR ROOM NEEDED?	ROOMMATE PREFERENCE (FULL NAME) OR ADD'L NEEDS	MENU: REGULAR OR VEG
		Self	<input type="checkbox"/> C <input type="checkbox"/> I					Y or N		
			<input type="checkbox"/> C <input type="checkbox"/> I					Y or N		
			<input type="checkbox"/> C <input type="checkbox"/> I					Y or N		
			<input type="checkbox"/> C <input type="checkbox"/> I					Y or N		
			<input type="checkbox"/> C <input type="checkbox"/> I					Y or N		

Already a conferee? Please provide name(s) of conference(s) and dates:	New to Star? How did you learn about the island?	If you are interested in helping a new Shoaler get acquainted with Star Island, please indicate your name(s):
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Arrival/Departure: If departing Rye or Star at other than the date/time specified for the conference, indicate names, departure port & (if known) the date & time of the departure:

Please check these boxes to ensure valid registration. I have: <ul style="list-style-type: none"> <input type="checkbox"/> Completed <u>both sides</u> of this form. <input type="checkbox"/> Included minor medical release forms, if necessary. <input type="checkbox"/> Included a business-sized SASE with postage (see conference listing for requirement). 	<ul style="list-style-type: none"> <input type="checkbox"/> Enclosed ONE CHECK for _____ (\$125 per person, plus \$25 for non members, \$35 for couples) totaling all room and board and registration deposits, boat fee and parking, payable to NHSPA. I understand that the balance for room and board, boat fee and parking will be payable and due on island and that Visa and MasterCard are accepted but cash or checks are preferred. <input type="checkbox"/> Addressed the envelope to the conference's registrar. <input type="checkbox"/> Signed and dated below to indicate that I understand the information provided. SIGNATURE: _____ DATE: _____
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FOR REGISTRARS' USE ONLY:	DATE REC'D	DATE ACCEPTED	DATE CANCELLED	WAITING LIST
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Room Types

(1) Single (2) Double (3) Double with double bed (4) Motel, double occupancy (5) Double room—do not assign to motel unit (6) Triple (7) Manager's Cottage

Requests are honored when possible. "Single" and "double" refer to occupancy, not the bed configuration of the room. List the number of your 1st and 2nd preference.

Be sure to use the additional column to indicate roommate preference. Please see the Registration section of the Blue Book for more information.

Registration Policies and Rankings

Each conference establishes its own registration policy and acceptance criteria. Weeklong conferences have a written policy available upon request from the conference registrar or chairperson. Because assuring fairness in the registration process takes time, applicants are advised that they may not receive a response regarding acceptance until late April.

Applying to another conference? Please provide the name of applicant(s), name of additional conference(s), and ranking of the order of preference:

Attendance at more than one conference, overall, is welcome! Our aim is to make the Star Island conference experience as widely available as possible.

However, we do endeavor to prevent single-conference applicants being denied admission due to over-enrollment.

Medical Information

The Star Island Corporation assumes no liability for accidents, illnesses, or their treatment. Our first aid station is equipped only for basic treatment in an emergency, and may not be staffed at all times.

Star Island is a remote location with extremely limited capacity to respond to medical emergencies. Evacuation of individuals experiencing significant health issues ranges from one hour (in ideal conditions) to many hours. The Star Island Corporation strongly recommends not participating in a conference if you experience any medical condition which might reasonably require emergency medical response; for more information, please see the Blue Book, p. 10. If someone has a condition that affects walking ability, the conference registrar or chairperson must be informed in advance in order to assist in accommodations.

Special Health Conditions

On a separate sheet of paper, please supply information concerning any health condition which might affect the participation of anyone listed on this form in conference programs and/or which would help us to provide proper care in case of an emergency. Include names, specific medical conditions, allergies, continuing medication, electrical needs for medical equipment, etc.

Medications

Everyone must bring enough of any needed medicine to cover the length of the stay—**plus an extra four days**. Due to new requirements, there will not be any prescription medications kept in stock on island. Additionally, there is no guarantee that we can get specific prescriptions filled. When we are able to send a prescription to the mainland, we must ask for payment of the full retail price as well as our messenger fee. We can provide the pharmacy's receipt, but we cannot submit insurance reimbursement paperwork.

Minors

Any person under eighteen years of age attending without a parent or legal guardian is required to obtain a Minor Medical Release Form, which must be completed and signed by a parent or legal guardian, and returned to the conference registrar before your application can be accepted. This form may be downloaded from www.starisland.org. Check the appropriate box on the opposite side of this form if a minor medical release form is needed for any applicant.

Special Conference Information

If you are attending either of these conferences, please fill out this section:

Religious Education Conference	Pelican Reunion Conference
Acceptance to this conference is based on consideration of answers to the following questions. <i>Please respond on a separate sheet of paper.</i>	Name(s) of Pelicans registering
• Describe your RE involvement last year.	Name(s) when you were a Pelican
• What is your committment for the coming year?	Years & Crews worked
• How will the conference help you fulfill that committment?	
<input type="checkbox"/> Check here to request financial assistance.	