

2018 CONVENTION REGISTRATION FORM

Name (Only of those attending):

Last _____ Husband _____ Wife _____
 Address _____
 City _____ State _____ Zip _____ County _____
 Phone _____ Email _____

Prices will be higher at the door!

- I would like to become an NDHSA member or renew my membership \$ 35 \$ _____
- Family Rate, Non-Member (Use only if cheaper than individual rates) ___X \$135 \$ _____
- Family Rate, NDHSA Member (Use only if cheaper than individual rates) ___X \$125 \$ _____
- Adult Individual Rate, Non-Member/Non-Member Single Parent ___X \$ 35/___\$20 \$ _____
- Adult Individual Rate, NDHSA Member /NDHSA Member Single Parent ___X \$ 31/___\$15 \$ _____
- Teen Individual Rate, Non-Member ___X \$ 25 \$ _____
- Teen Individual Rate, NDHSA Member ___X \$ 22 \$ _____
- Child (age 6-12) Individual Rate ___X \$ 10 \$ _____
- Vendor Hall Only Individual Pass/Family Pass ___\$20/___\$35 \$ _____
- Grandparent, Head or Asst. Pastor or Missionary (Non-homeschooling) ___X FREE

Children 5 & under
attend at
No Charge!

*Please invite your grandparents, pastors/missionaries and include them on the following list of attendees.

List the first and last name of attending children, grandparents, etc. in the appropriate column below. Indicate if grandparents or pastor.

AGES 6 -ADULT		CHILDREN 5 & UNDER
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

EVENING OF REAL REFRESHMENT w/ Rachael Carman (Friday night for moms) _____ Yes, I Will Be Attending

USED BOOK and HOME BUSINESS SALE

- Non-NDHSA Member/NDHSA Member (one table) \$35/\$30 \$ _____
- Extra Table ___X \$10 \$ _____

NDHSA SUPPORT GROUP LEADER LUNCHEON *Catered meal provided at no charge

Names of Attendees (2 per group): _____
 Name/Location of Support Group: _____

FRIDAY LUNCH—Hot Buffet Line, (Extra charge for drink) ___X \$10 _____

SATURDAY LUNCH—Hot Buffet Line, (Extra charge for drink) ___X \$10 _____

*Gluten free options NOT available! A concession stand will be available on Friday and Saturday.

I would like to give a tax deductible gift to the NDHSA \$ _____

TOTAL AMOUNT DUE: (Please make checks payable to: NDHSA) \$ _____

Pre-registrations due by Feb. 1, 2018. All postmarks past January 31 will be returned!
 No refunds will be given except in the event of a medical emergency.

Yes! I want to be contacted regarding volunteer positions available. Teens, too!

Photographs and video taken by NDHSA representatives and others at this event may appear in the convention book, NDHSA website, social media pages, or other publications at the discretion of the NDHSA Board. Any photographs, video, or audio used by NDHSA will be used with the purpose of celebrating and promoting home education.

Mail registration form to: NDHSA Convention, 2443 91st Ave NE, Tolna, ND 58380