

# Registration/Membership Application Form



Please print neatly or type. Thank You!

NAME: MR./MRS./MS./DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_ PHONE (CELL) \_\_\_\_\_

EMAIL \_\_\_\_\_

Children's Literature Interest(s) and/or Institutional Affiliation: \_\_\_\_\_

CLH Membership Status:  Current  Renewing Now  Joining Now  Non-Member

FEES	Price	Number	Subtotals
CLH Membership: one year, regular	\$30		
CLH Membership: one year, student/senior citizen	\$15		
CLH Membership: special two-year rate, regular	\$50		
CLH Membership: special two-year rate, student/senior citizen	\$25		
Thursday Evening Opening Festivities and General Conference Sessions are FREE.			
<b>Professional "how-to" Sessions: CLH Members (including those joining now)</b>			
A1 Brian Selznick (Friday)	\$20		
C1 Linda Sue Park (Friday)	\$20		
D1 Brian Selznick (Saturday)	\$20		
E1 Linda Sue Park (Saturday)	\$20		
<b>Non-Members</b>			
A1 Brian Selznick (Friday)	\$25		
C1 Linda Sue Park (Friday)	\$25		
D1 Brian Selznick (Saturday)	\$25		
E1 Linda Sue Park (Saturday)	\$25		
<b>Teen Track:</b> Writers (Friday; 6 <sup>th</sup> through 12 <sup>th</sup> Grades)	\$0		
Illustrators (Saturday, 6 <sup>th</sup> through 12 <sup>th</sup> Grades)	\$0		
<b>Children's Activities:</b> (Saturday, 1:15 p.m.-5:00 p.m., ages 5-11)	\$0		
Donation			
<b>TOTAL (make checks payable to Children's Literature Hawai'i):</b>			
Purchase Order No: _____			

(Form continued on other side)

(Continuation of form)

**Name(s) of Registrants:**

**General Conference:** \_\_\_\_\_

**Special Professional Sessions:** \_\_\_\_\_

**Teen Track** (parents, please sign): I give permission for \_\_\_\_\_ to attend and I

NAME OF STUDENT

understand that supervision is limited. \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

**Children's Activities** (adult must attend): \_\_\_\_\_

**Preliminary Preferences:**

Please check the sessions that you are most interested in attending. This will help us to estimate attendance and make the most suitable room selections. **You are NOT restricted to those general sessions you have checked, nor is checking these sessions a guarantee of a seat.** Please arrive at each general session early for the best chance at getting a seat.

Registrants who have paid to attend professional sessions are guaranteed seats in these sessions.

- |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | <input type="checkbox"/> A3 | <input type="checkbox"/> A4 |                             |                             |
| <input type="checkbox"/> B1 | <input type="checkbox"/> B2 | <input type="checkbox"/> B3 | <input type="checkbox"/> B4 |                             |                             |
| <input type="checkbox"/> C1 | <input type="checkbox"/> C2 | <input type="checkbox"/> C3 | <input type="checkbox"/> C4 | <input type="checkbox"/> C5 |                             |
| <input type="checkbox"/> D1 | <input type="checkbox"/> D2 | <input type="checkbox"/> D3 | <input type="checkbox"/> D4 | <input type="checkbox"/> D5 | <input type="checkbox"/> D6 |
| <input type="checkbox"/> E1 | <input type="checkbox"/> E2 | <input type="checkbox"/> E3 | <input type="checkbox"/> E4 | <input type="checkbox"/> E5 |                             |

**Please send me information on:**

- |   |  |
|---|--|
| <input type="checkbox"/> D.O.E. PDE3 Credit | <input type="checkbox"/> The Society of Children's Book Writers and Illustrators |
| <input type="checkbox"/> Teen Track         |  |

**VOLUNTEERING**

**I would like to contribute time in the following area(s):**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Help at the Conference | <input type="checkbox"/> Help with Children's Activities | <input type="checkbox"/> Mailing     |
| <input type="checkbox"/> Telephone              | <input type="checkbox"/> Fundraising                     | <input type="checkbox"/> Other _____ |

**Make checks payable to Children's Literature Hawai'i.**

Refunds will be given for Conference fees only if cancellation is received before **June 17, 2010.**

Please mail this form and your check to:

**Children's Literature Hawai'i**  
UH-Mānoa Dept. of English  
1733 Donaghho Road  
Honolulu, HI 96822

For more information, call **Children's Literature Hawai'i** at (808) 956-7559 or email [clh@hawaii.edu](mailto:clh@hawaii.edu).

Our website is <http://www.childrensliteraturehawaii.org>.

**Thank you for your support!**

For office use: check#
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