



Registration Form

Payment must accompany application

All fees must be paid in USD (United States Dollars). We can only accept checks drawn on US banks, US dollar money orders, and traveler's checks from banks that have a U.S. affiliate. Your bank's U.S. affiliate address will be listed on the check in addition to your bank's address. We also accept Visa, Master Card, Discover and American Express credit cards. Please indicate if you will be providing a wire transfer and review on-line payment instructions.

Section I. Participant Information. Please type or print clearly. This information will be used to compile the list of attendees that will be available to all meeting participants.

First Name: _____
Last Name: _____
Title: _____ Institution: _____
Address: _____

City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Phone 1 (with Country & City Code): _____
Phone 2: _____
Fax: _____ E mail: _____
Gender: Male Female

Please mark any boxes that apply:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Educator | <input type="checkbox"/> Funder |
| <input type="checkbox"/> Student | <input type="checkbox"/> Trainer | <input type="checkbox"/> Private Sector Leader |
| <input type="checkbox"/> Practitioner | <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Provider | <input type="checkbox"/> Policy Maker |

Please provide 1-2 sentences on the focus of your work in the youth enterprise, employment, and livelihoods development field. This information will be included in the conference's participant list to facilitate networking and partnership building at the event. (required)

2009 Global Youth Enterprise Conference participant list:

- Please check here if you do NOT want your name and contact information listed in the 2009 Global Youth Enterprise Conference participant list.

If you are registering more than one person, please provide additional participant information:

First Name: _____
Last Name: _____
Title: _____ Institution: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Phone 1 (with Country & City Code): _____
Phone 2: _____
Fax: _____ E mail: _____
Gender: Male Female

Please mark any boxes that apply:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Educator | <input type="checkbox"/> Funder |
| <input type="checkbox"/> Student | <input type="checkbox"/> Trainer | <input type="checkbox"/> Private Sector Leader |
| <input type="checkbox"/> Practitioner | <input type="checkbox"/> Technical Assistance
Provider | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Teacher | | <input type="checkbox"/> Policy Maker |

Please provide 1-2 sentences on the focus of your work in the youth enterprise, employment, and livelihoods development field. This information will be included in the conference’s participant list to facilitate networking and partnership building at the event. (required)

2009 Global Youth Enterprise Conference participant list:

- Please check here if you do NOT want your name and contact information listed in the 2009 Global Youth Enterprise Conference participant list.

For any additional participant you would like to register, please re-print this page and complete the participant information portion of this form.

Medical/Dietary Restrictions:

Please indicate any special medical/dietary restrictions you or other conference participants you are registering may have. We will make every effort to accommodate your needs. *(Note: Please include a valid email address on your registration application so that one of the conference organizers may contact you if further information is required to help accommodate your need(s).)*

Section II. Registration & Payment:

Cost: Registration between February 12 – September 1, 2008

Registration fees are as follows:

Early Registration (January 25, 2009 and until May 31, 2009)	1 registrant: USD \$375 3 or more from the same organization: USD \$ 350
Regular Registration (after May 31, 2009 and until July 31, 2009)	1 registrant: USD: \$475 3 or more from the same organization: USD\$450
Late Registration (after July 31, 2009 and until September 25, 2009)	1 registrant: USD \$575 3 or more from the same organization: \$550

Payment of the registration fees must be paid in USD (United States Dollars).

- Payment by check: We can only accept checks drawn on US banks, US dollar money orders, and travelers checks from banks that have a US affiliate. Your bank's US affiliate address will be listed on the check in addition to your bank's address.
- Payment by credit cards: We accept Visa, MasterCard, Discover and American Express.

Please note that we can no longer accept payment via Western Union.

If you would like to donate to the **Youth Participation Fund**, please check one of the following boxes. Your donation will go towards youth participation and activities at the 2009 Global Youth Enterprise Conference. Donors to this Fund will be recognized in the conference program.

- USD \$25 USD \$50
- USD \$75 USD \$100
- Other: _____

I am registering _____ number of people @ USD _____ = _____ total USD

Youth Participation Fund Donation (Optional) = _____

Total Amount Enclosed = _____

Every registration form must include payment of the registration fee. This fee covers admission to all sessions, refreshments, lunch, and conference related activities. The fee does not cover hotel accommodations, transportation, or incidentals, which are the responsibility of each registrant. Please complete the following.

By submitting this registration form, I agree that I have read this application completely and carefully and agree to all terms outlined within, including the cancellation policy.

Payment options (please check one):

I have enclosed a check drawn on a US Bank or international money order, made payable to Making Cents International for USD _____

-or-

Please charge my credit card USD _____

VISA MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____

Security Code:

Billing Address:

Signature of Card Holder:

Please send your completed registration to Making Cents International using one of the following:

Scan and/or email to: conference@makingcents.com

Mail or courier

Making Cents International
Attn. Whitney Harrelson
1155 30th Street NW, Ste 300
Washington, DC 20007
USA

Fax +1 (202) 783-4091