Regist A	tration, pplicat	/Membershi ion Form	р			
Please print neatly o	or type. Thank You!				P	AHR
NAME: MR./MRS./M	IS./DR.			N		Prian Selpin
ADDRESS			CITY	STA	ATE	ZIP
PHONE (HOME)		PHONE (WORK)		PH	ONE (CE	LL)
EMAIL						
Children's Literat	ure Interest(s) and	or Institutional Affiliation:				
CLH Membership	Status: 🔲 Curre	ent Renewing Now	Joining	g Now	🗖 No	on-Member
FEES			Price	Num	ber	Subtotals
CLH Members	hip: one year, regul	ar	\$30			
CLH Members	hip: one year, stude	ent/senior citizen	\$15			
CLH Membership: special two-year rate, regular			\$50			
CLH Membership: special two-year rate, student/senior citizen			\$25			
Thursday Even	ing Opening Festiv	rities and General Conference Sea	sions are FR	REE.		
Professional "l	now-to" Sessions:	CLH Members (including thos	e joining no	w)		
		A1 Brian Selznick (Friday)	\$20			
		C1 Linda Sue Park (Friday)	\$20			
		D1 Brian Selznick (Saturday)	\$20			
		E1 Linda Sue Park (Saturday)	\$20			
		Non-Members	•	1		
		A1 Brian Selznick (Friday)	\$25			
		C1 Linda Sue Park (Friday)	\$25			
		D1 Brian Selznick (Saturday)	\$25			
		E1 Linda Sue Park (Saturday)	\$25			
Teen Track:	Writers (Friday;	6 th through 12 th Grades)	\$0			
	Illustrators (Satu	urday, 6 th through 12 th Grades)	\$0			
Children's Activities: (Saturday, 1:15 p.m5:00 p.m., ages 5-11)			\$0			
Donation						
TOTAL (make	e checks payable to	o Children's Literature Hawaiʻi)	:			
Purchase Orde	er No:					

(Form continued on other side)

Name(s) of Registrants:		
General Conference:		
Special Professional Sessions:		
Teen Track (parents, please sign): I give permission for	NAME OF STUDENT	to attend and I
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.

🗖 A1	A 2	A 3	🗖 A4		
🗖 B1	B 2	B 3	🗖 B4		
C 1	C 2	C 3	C 4	C 5	
🗖 D1	D 2	D 3	🗖 D4	D 5	D 6
🗖 E1	E 2	E 3	E 4	E 5	

Please send me information on:

The Society of Children's Book Writers and Illustrators

Teen Track

VOLUNTEERING

I would like to contribute time in the following area(s):					
Help at the Confer	ence 🔲 Help wit	th Children's Activities	Mailing		
Telephone	Fundraising	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. Our website is http://www.childrensliteraturehawaii.org.

Thank you for your support!

For office use: check#