

# Gender Spectrum Family Registration

Please print legibly. All \* fields are required.

## ADULTS

\* Name #1: \_\_\_\_\_ email: \_\_\_\_\_

Badge Name #1 (if different from above): \_\_\_\_\_

Name #2: \_\_\_\_\_ email: \_\_\_\_\_

Badge Name #2 (if different from above): \_\_\_\_\_

Name #3: \_\_\_\_\_ email: \_\_\_\_\_

Badge Name #3 (if different from above): \_\_\_\_\_

\* Address: \_\_\_\_\_ \* City: \_\_\_\_\_

\* State/Province: \_\_\_\_\_ \* Zip/Postal code: \_\_\_\_\_ \* Country: \_\_\_\_\_

\* Phone: (\_\_\_\_\_) \_\_\_\_\_

## CHILDREN/YOUTH

Badge Name: \_\_\_\_\_ email: \_\_\_\_\_ Pronoun: \_\_\_\_ Age: \_\_\_\_

Badge Name: \_\_\_\_\_ email: \_\_\_\_\_ Pronoun: \_\_\_\_ Age: \_\_\_\_

Badge Name: \_\_\_\_\_ email: \_\_\_\_\_ Pronoun: \_\_\_\_ Age: \_\_\_\_

Please check this box if you need ASL Interpreters.

To ensure accommodations, we must receive your registration by July 8th.

## PLEASE NOTE:

- Returned checks are subject to a \$20.00 fee.
- Funds must be designated in US dollars
- Cancellations received on or before August 1st will be charged a \$25.00 fee.
- No refund on cancellations received after August 1st .

## TO REGISTER

**Please send 2-page registration form, optional demographics page, and check, money order, or credit card authorization form to:**

Gender Spectrum  
1122 E Pike St #796  
Seattle, WA 98122

# Gender Spectrum Family Registration

Name: \_\_\_\_\_

## Complete Conference Package:

Includes Friday evening's family reception, two full days of programming Saturday and Sunday, receptions and socials, and discounts as published on affiliated events. **Children 12 and under may register FREE.** Childcare is available for \$40 - \$10 per day sliding scale, payable at the registration table when you arrive.

Number of adults \_\_\_\_\_ x \$200 - \$150 = \$ \_\_\_\_\_

*Please pay as much as you can afford to help sustain the conference, with a minimum of \$150 per adult.*

Number of teens (13 - 17 yrs) \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

Number of children under age 13 \_\_\_\_\_ **FREE**

TOTAL: \$ \_\_\_\_\_ USD

## PLEASE NOTE:

The Gender Odyssey conference is held in adjoining rooms at the same time ([www.genderodyssey.org](http://www.genderodyssey.org)). Gender Spectrum Family registrants over 18 years of age may attend any Saturday/Sunday Gender Odyssey conference workshops or events at no additional cost. Registrants aged 13 - 17 may attend Gender Odyssey programming with a signed parental consent form (excluding workshops designated 18+.) Gender Odyssey's Monday programming is available at an additional day rate. On site child care is available Monday for an additional \$40 - \$10 sliding scale per family.

## BOX LUNCHES

### Saturday

Number of large/adult vegan lunches \_\_\_\_\_ + meat lunches \_\_\_\_\_ Total = \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

Number of small/child vegan lunches \_\_\_\_\_ + meat lunches \_\_\_\_\_ Total = \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

### Sunday

Number of large/adult vegan lunches \_\_\_\_\_ + meat lunches \_\_\_\_\_ Total = \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

Number of small/child vegan lunches \_\_\_\_\_ + meat lunches \_\_\_\_\_ Total = \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

**Total: \$ \_\_\_\_\_**

## Yes, I'd like to help others attend the conference!

100% of these donations go directly to the conference scholarship fund. These donations are not tax-deductible. If you wish to support the conference with a tax-deductible gift, please do so on our web site.

Scholarship donation \$ \_\_\_\_\_ US

**TOTAL ENCLOSED: \$ \_\_\_\_\_ US**

Registration Office Use Only:

Date Received:	Sent To Registrar [ ]	Invoice Date:
[ ] Check # \$	[ ] Cashiers Check:	
[ ] Money Order	[ ] Cash :	

# Gender Spectrum Family Demographics

We are committed to making the conference accessible and relevant to as many people as possible. Please help us see how we are doing by filling out this demographic form and sending it with your payment. We record demographic information anonymously, separate from any identifying information.

Use numbers to indicate how many people in your household/family attending the conference fit each category, for example “ 4 Latino/Latina”

**Race / Ethnicity**

- African descent
- Caribbean-African
- Asian/Pacific Islander
- Middle Eastern
- South Asian
- European descent
- Latino/Latina
- Jewish
- Native American/First Nations
- Don't know
- Additional/Other: \_\_\_\_\_

**Employment**

- Employed full time
- Employed part time
- Self-employed
- Unemployed
- Student
- Homemaker
- Retired
- Financially independent

**Gender**

- Transgender woman/MTF
- Transgender man/FTM
- Genderqueer
- Genderfluid
- Gender variant/non-conforming
- Intersex
- Non-transgender man
- Non-transgender woman
- Questioning
- No identification/don't know
- Other: \_\_\_\_\_

**Age**

- under 12
- 13 - 17
- 18 - 22
- 23 - 30
- 31 - 40
- 41 - 55
- 56 - 65
- over 65

Please check **one** choice for each category:

**Geographic**

- Urban
- Small town
- Suburban
- Rural

**Household Income**

- \$0 – 12,999
- \$13 – 19,999
- \$20 – 29,999
- \$30 – 44,999
- \$45 – 59,999
- \$60 – 79,999
- \$80 – 99,999
- \$100+

Number of people in household: \_\_\_\_\_

Additional information if these categories don't fit you or your family: \_\_\_\_\_

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# Gender Spectrum Family CREDIT CARD AUTHORIZATION

**Visa and MasterCard only**  
**Please print legibly**

*Cardholder Information*

Card Type (circle)    Visa    MasterCard

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

email (very important) \_\_\_\_\_

I authorize Gender Spectrum to charge my credit card for the total amount of \$ \_\_\_\_\_ U.S.

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

To pay by credit card, please enclose this form with your registration information and mail to:

Gender Spectrum Family  
1122 E Pike St #796  
Seattle, WA 98122

For office use only:

Date received	Process date
Payment for:	Receipt sent date