

2019 NEA Recovery Summit
Hosted by Out of the Dark Inc
August 2-3, 2019

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
T-shirt Size: _____

***In order to keep the focus for everyone we ask that no children be in attendance. We are not able to provide daycare on site. ***

Please note: there is a **\$25.00 per person fee to participate in this Conference** that will cover meals, drinks and all activities offered. The fee is due at the time registration form is submitted.

- I request scholarship assistance for the \$25.00 per person fee
- Payment for the \$25.00 per person fee is attached/included; *Checks should be made out to: Out of the Dark Inc. 818 E Matthews Avenue, Jonesboro AR 72401*

Each participant **MUST** read and sign below.

Waiver of Release and Liability:

I hereby waive all claims against, Out of the Dark Inc, sponsors or any personnel for any injury that I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____ Date: _____

Please list any medical issues or allergies that you have that we should be aware of:

Please send your registration forms to the Out of the Dark Inc Office at 818 E Matthews Jonesboro AR 72401 or by email to noelle@outofthedark.org.