

**BETTER UNDERSTANDING FOR A BETTER WORLD  
REGISTRATION FORM**

*Youth Leadership and Interfaith Conference in Orlando, Florida  
(High School Students)  
February 2-6, 2011*

**Meet and interact with high school students from up to 32 countries around the world!**

**CONFERENCE PRICE OF \$625.00 INCLUDES:**

- Registration/Participation in Conference
- Lodging at a **Walt Disney World All Star Sports Resort** – 4 nights  
<http://disneyworld.disney.go.com/wdw/resorts/resortLanding?id=AllStarSportsResortLandingPage>
- 3 meals daily
- Banquet on February 5th
- Admission to The Walt Disney World Theme Parks <http://disneyworld.disney.go.com/>
- Participation in the Walt Disney World Youth Education Series Program, Millennium Cultures -  
[www.YouthEducationSeries.com](http://www.YouthEducationSeries.com)
- Transportation during the program, including from the **Orlando International Airport (MCO)** on Wednesday (2/2) to the hotel and back to the **Orlando International Airport (MCO)** on Sunday (2/6)

*PLEASE PRINT THE INFORMATION BELOW:*

**Participant's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender:  Male  Female Country of Origin: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  X-Large Mode of Transportation:  Car  Airplane

**Allergy or Special Dietary Requirements:** \_\_\_\_\_

**Participant's High School or Organization:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**I have enclosed the following:**

*Payment Option 1:*  Registration & Entire Conference Package: **\$625.00 per person**

*Payment Option 2:*  Deposit: **\$225.00**

Balance: **\$400.00**

**Payment Information:**

Name on check: \_\_\_\_\_ Name of participant: \_\_\_\_\_

Check #: \_\_\_\_\_ Date of check: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*Please make check or money order payable to:*

**Civilizations Exchange and Cooperation Foundation (CECF)**  
7745 Paddock Way, Baltimore, MD 21244  
Tel: 410-944-6077 Email: [cecf1@aol.com](mailto:cecf1@aol.com) Website: [www.cecf-net.org](http://www.cecf-net.org)

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**DEPOSIT AND FINAL PAYMENT**

A non-refundable deposit of \$225.00 per person is required to hold each space. This deposit will be applied toward your final payment. *Your reservation is not complete until payment in full is received by CECF.*

**CANCELLATIONS AND CANCELLATION FEES**

Any request for cancellation must be received in writing by CECF on or before December 14, 2010 for a full refund (minus the deposit). If a cancellation is received on or after December 14, 2010 prior to commencement of conference, the following cancellation fees apply:

- on or after December 14, 2010, 50% of total cost (minus the deposit) will be forfeited
- on or after December 31, 2010, 100% of cost will be forfeited.

If CECF determines it must cancel or reschedule the conference due to unforeseen events or circumstances, CECF will refund monies without further liability to the participants.

**RETURNED CHECK FEES**

A fee of \$25.00 will be charged for any checks that are unable to be cashed and returned to CECF. The reservation for that participant will be treated as a cancellation and cancellation fees will apply. In order to participate in the conference, you will need to re-submit your registration form accompanied by a money order or bank check.

**PARTICIPANTS**

In order to ensure the safety of all participants, CECF reserves the right to accept or reject any person as a participant.

**NOT INCLUDED IN THE CONFERENCE PRICE**

The following are not included in the conference price: **Roundtrip transportation to Orlando International Airport (MCO)**, laundry expenses, beverages and foods not on the standard program menu or available using the provided coupons, gratuities/tips, or any items of a personal nature, including telephone calls made from your room. Any expense incurred at the hotel for these extra items will need to be paid in full by each participant individually upon departure from the hotel.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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[www.cecf-net.org](http://www.cecf-net.org)