



STAR ISLAND REGISTRATION FORM

CONFERENCE/PROGRAM _____ SPECIFY SEGMENT, IF APPLICABLE (e.g., 4-night, 7-night, etc.) _____

NAME (last, first, MI) _____ NAMETAG/NICKNAME _____

BIRTH DATE (Month/Day/Year) ____/____/____ PHONE NUMBER _____

ADDRESS _____

FOR MINORS
SCHOOL GRADE (AS OF FALL) _____
WILL YOU BE ATTENDING ANY PART OF THE CONFERENCE WITHOUT A PARENT/GUARDIAN? (circle one) YES / NO

EMAIL ADDRESS _____ PREFERRED PRONOUNS (optional) _____

HAVE WE EVER KNOWN YOU BY ANOTHER NAME? _____ RACE (optional) _____

ROOMMATE PREFERENCE _____

ROOM TYPE PREFERENCE:

<input type="radio"/> STANDARD SHARED	<input type="radio"/> STANDARD SINGLE	<input type="radio"/> MOTEL SHARED	<input type="radio"/> MOTEL SINGLE
---------------------------------------	---------------------------------------	------------------------------------	------------------------------------

<input type="radio"/> FULL SIZE BED
<input type="radio"/> TWIN SIZE BED

CHECK ALL THAT APPLY:

<input type="radio"/> NEW TO STAR ISLAND	<input type="radio"/> REGULAR MENU	<input type="radio"/> VEGAN MENU	<input type="radio"/> GROUND FLOOR ROOM NEEDED FOR MEDICAL REASON
	<input type="radio"/> GLUTEN FREE MENU	<input type="radio"/> VEGETARIAN MENU	

ADDITIONAL NEEDS OR COMMENTS (e.g., dietary restrictions, adjacent/connecting rooms, etc.) _____

EMERGENCY CONTACT INFORMATION: NAME _____ PHONE NUMBER _____
--

EACH PROGRAM SETS ITS OWN REGISTRATION POLICY AND ACCEPTANCE CRITERIA.
STAR ISLAND BILLS ACCORDING TO ROOMS ASSIGNED AND OCCUPIED, REGARDLESS OF HOUSING REQUESTED.
PLEASE NOTE THAT STAR ISLAND IS A REMOTE LOCATION AND ACCESS CAN BE LIMITED EVEN FOR EMERGENCY PURPOSES.
VISIT STARISLAND.ORG TO LEARN MORE ABOUT HEALTH RESOURCES AND PRECAUTIONS,
AS WELL AS OTHER HELPFUL INFORMATION ABOUT CONFERENCES AND VISITING.

HELPFUL INFO & LINKS

ABOUT VISITING STAR ISLAND.....	STARISLAND.ORG/VISIT
ABOUT ACCOMMODATIONS AND ROOM TYPES.....	STARISLAND.ORG/INFO/ACCOMODATIONS
ABOUT DINING AND MEALS.....	STARISLAND.ORG/INFO/DINING
ABOUT SPECIFIC CONFERENCES.....	STARISLAND.ORG/PROGRAMS/CONFERENCES
OTHER IMPORTANT INFO FOR GUESTS.....	STARISLAND.ORG/FAQ-CATEGORY/IMPORTANT-INFO
TO ASK THE ISLAND REGISTRAR A QUESTION.....	603-498-2780 REGISTRAR@STARISLAND.ORG
TO REACH THE MAINLAND OFFICE.....	603-430-6272 OFFICE@STARISLAND.ORG

REGISTRATION CHECKLIST

- COMPLETE THE **REGISTRATION FORM**
MAKE SURE TO INCLUDE YOUR EMAIL ADDRESS, AS PROGRAM INFORMATION WILL BE SENT VIA EMAIL

- WRITE ONE CHECK TOTALING THE **ROOM & BOARD DEPOSIT** AND THE **PROGRAM FEE**
CHECKS CAN BE MADE OUT TO STAR ISLAND CORPORATION
ROOM & BOARD DEPOSIT: \$100/PERSON 6 YEARS AND OLDER FOR PROGRAMS 4 OR FEWER NIGHTS
\$200/PERSON 6 YEARS AND OLDER FOR ALL OTHER PROGRAMS
THE PROGRAM FEE IS LISTED WITH EACH PROGRAM'S DESCRIPTION

- INCLUDE **MINOR MEDICAL RELEASE FORM** IF NECESSARY
REQUIRED FOR ALL MINORS ATTENDING ANY LENGTH OF A CONFERENCE WITHOUT A PARENT OR GUARDIAN PRESENT
VISIT STARISLAND.ORG/FAQ/MINOR-CHILDREN FOR MORE INFORMATION AND TO DOWNLOAD & PRINT THE MINOR MEDICAL RELEASE FORM

- MAIL YOUR CHECK AND REGISTRATION FORM TO:
STAR ISLAND CORPORATION
MORTON-BENEDICT HOUSE
30 MIDDLE STREET
PORTSMOUTH, NH 03801