

Registration Form

10th National Conference on Hydrocephalus
 June 19-22, 2008 Park City, Utah



Instructions

- **Please register by May 23, 2008.**
- **Family members who live at the same address can use one form.** (If you need additional forms, you can photocopy this one or download it from our website (www.hydroassoc.org)).

1) Primary Contact Information:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (with area code) _____ Email _____
 Dietary Preference _____ Vegetarian _____ Vegan _____ Lactose-intolerant _____ Kosher _____

Special Needs that may require accommodations during the conference _____

2) Contacts and Session Preferences:

	Registrant Name(s)	After reviewing the conference agenda, please list, by letter only , the workshops each family member is most likely to attend for each session.
1	SAME AS PRIMARY CONTACT ABOVE	___ I have hydrocephalus: Birth date _____ Date of diagnosis: _____ I am a : ___ Parent ___ Spouse ___ Sibling ___ Other family member ___ Friend ___ Medical professional Thursday: Session I _____ Friday: Session II _____ III _____ IV _____ V _____ Saturday: Session VI _____ VII _____ VIII _____ Sunday: Session IX _____
2		___ I have hydrocephalus: Birth date _____ Date of diagnosis: _____ I am a : ___ Parent ___ Spouse ___ Sibling ___ Other family member ___ Friend ___ Medical professional Thursday: Session I _____ Friday: Session II _____ III _____ IV _____ V _____ Saturday: Session VI _____ VII _____ VIII _____ Sunday: Session IX _____
3		___ I have hydrocephalus: Birth date _____ Date of diagnosis: _____ I am a : ___ Parent ___ Spouse ___ Sibling ___ Other family member ___ Friend ___ Medical professional Thursday: Session I _____ Friday: Session II _____ III _____ IV _____ V _____ Saturday: Session VI _____ VII _____ VIII _____ Sunday: Session IX _____
4		___ I have hydrocephalus: Birth date _____ Date of diagnosis: _____ I am a : ___ Parent ___ Spouse ___ Sibling ___ Other family member ___ Friend ___ Medical professional Thursday: Session I _____ Friday: Session II _____ III _____ IV _____ V _____ Saturday: Session VI _____ VII _____ VIII _____ Sunday: Session IX _____
5		___ I have hydrocephalus: Birth date _____ Date of diagnosis: _____ I am a : ___ Parent ___ Spouse ___ Sibling ___ Other family member ___ Friend ___ Medical professional Thursday: Session I _____ Friday: Session II _____ III _____ IV _____ V _____ Saturday: Session VI _____ VII _____ VIII _____ Sunday: Session IX _____

3) Registration Fees:

The goal of the conference is to give individuals, families and professionals the tools and connections they need to address the medical, educational and social challenges of hydrocephalus. The fees include program materials, breaks, 2 lunches, dinner dance and reception.

The actual full cost of the conference per attendee is \$450.00. The Association is able to offset some of this cost thanks to generous corporate sponsors. We would greatly appreciate the support from anyone who is in a financial position to afford the full \$450.00 cost to contribute at that level.

We have set up a fund so we are able to offer a modest amount of financial aid to individuals and families who otherwise could not afford to attend. If you are able to donate to this financial aid fund, it would be greatly appreciated. To apply for financial aid please see instructions below.

		# OF PEOPLE	SUBTOTAL
Person with hydrocephalus (age 18 & up)	\$175 x _____ =		\$ _____
Member of the Hydrocephalus Association	\$225 x _____ =		_____
Additional family member at same residence	\$195x _____ =		_____
Non-member of Hydrocephalus Association	\$350 x _____ =		_____
Child/Teen (age 12-17)	\$150 x _____ =		_____
Additional donation towards Financial Aid Fund			_____

Opening Reception, Thursday June 19 _____ **no charge**
 Compliments of -----

Dinner Dance, Saturday, June 21 _____ **no charge**
 Compliments of Medtronic Foundation

Those who are not registered for the conference can order meals for the following fees:

Box Lunch for non-registrant,	Friday, \$30 x _____ =	\$ _____
	Saturday, \$30 x _____ =	\$ _____
Dinner Dance for non-registrant,	Saturday, \$50 x _____ =	\$ _____

FAMILY TOTAL \$ _____

4) Payment Options:

__ Check enclosed payable to "Hydrocephalus Association" **OR**

Charge my: VISA MasterCard Discover Card

Card # _____ CVN# _____  (last three digits on signature line) Exp. Date _____
 Print Name _____ Signature _____

Cancellations:

Cancellations received by May 27, 2008 will be refunded less a \$50 processing fee. After May 27, 2008 no refunds will be made. Substitutions will be accepted until June 9, 2008.

Financial Aid:

If you would like to apply for financial aid for the conference registration fee, call our office for an application form. Complete the financial aid form and this registration form, and return them both together to our office **no later than April 15, 2008**. Financial aid will be awarded by April 22, 2008. Recipients will be notified by mail.

Kids Camp:

The Canyons will offer Adventure Camp for children ages 3-12 from 9 am to 4:30 pm during our conference. Pre-registration is required at least one month prior to arrival. Mention the Hydrocephalus Association conference to receive a 5 percent discount. Register directly with the Canyons Daycare Center (435-615-3402) to reserve one of the 50 spaces available.

MAIL COMPLETED FORMS AND PAYMENT TO:

Hydrocephalus Association
 870 Market St., Ste. 705 • San Francisco, CA 94102
 Questions: (415) 732-7040 or (888) 598-3789 • Fax (415) 732-7044 • Email: info@hydroassoc.org