



National Niemann-Pick Disease Foundation
2009 Family Support and Medical Conference Registration Form
Thursday, July 30 – Sunday, August 2, 2009
Doubletree Guest Suites ~ Seattle, Washington
 Please complete and return with payment by July 1, 2009

Family Name		Telephone	
Address		Email	
City		State	Zip

Conference Registrants:

NPD Family Members - Name (No registration fee for NPD-diagnosed members)	Age	NPD Type	Will this individual be attending the Childcare/Activity Room during conference sessions? (Yes or No) Please note any special care requirements. Childcare staff will NOT administer medications or feedings.

Immediate Family - Adult Members & Caregivers - Name (\$50 per person registration fee)	Please give complete mailing address, telephone and email address if different than listed above. If all contact info is the same, please note "same as above".

Other Children Attending - Name (\$50 per child registration fee)	Age	Will this child be attending the Childcare/Activity Room during conference sessions? (Yes or No) Please note any special care requirements. Childcare staff will NOT administer medications or feedings.

Extended Family/Friends Attending (\$75 per person registration fee)

Name		Telephone	
Address		Email	
City		State	Zip

Relationship to family (grandparent, aunt, friend, etc.)

Name		Telephone	
Address		Email	
City		State	Zip

Relationship to family (grandparent, aunt, friend, etc.)

Conference Registration Fees ~ Please submit with Registration Form

	Number registering	Registration fee per person	Total Registration Fees	T-Shirt Size(s) Youth S, M, L Adult S, M, L, XL, XXL	
NPD-affected individuals		--0--	--0--		
Immediate Family Adult Members and Caregivers		\$50.00			
Other Children		\$50.00			
Extended Family and Friends		\$75.00			
TOTAL REGISTRATION FEES DUE			\$	Total # of Shirts	

Authorization Required ~ Family Contact Information

The NNPDF customarily supplies a full listing of all NPD families and speakers in attendance at the family conferences, as part of the conference packet given to attendees. Many attendees find this information helpful in building networking connections and friendships with other families they meet at the conference.

May we have your permission to include your family's name and contact information in the Family Conference Packet?

Please complete and sign the statement below, indicating authorization to include your information, or indicating your preference to be excluded from this listing.

My signature below gives the NNPDF permission and authorization to include my family name and contact information in the 2009 Family Support and Medical Conference Packet:

Name		Signature		Date	
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-- OR --

NO, please do NOT include my family's contact information in the 2009 Family Support and Medical Conference Packet:

Name		Signature		Date	
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Please register by July 1, 2009. Make checks payable to the NNPDF and mail with this registration form to:

NNPDF
P.O. Box 49
Fort Atkinson, WI 53538-0049

Doubletree Guest Suites ~ Reservation Information ~ www.seattle.doubletree.com 1-800-222-8733

Room reservations for the conference must be made by each family directly with Doubletree Guest Suites.

Use promo code NIE to receive the conference room rate.

Have you reserved your room(s)?		# of rooms reserved		# of nights	
Reservation dates			Confirmation #		