



**National Niemann-Pick Disease Foundation**  
**2010 Family Support and Medical Conference Registration Form**  
**Thursday, August 5 – Sunday, August 8, 2010**  
**Delta Chelsea Hotel – Toronto, Ontario Canada**  
**Please complete and return with payment by July 1, 2010**

<b>Family Name</b>				<b>Telephone</b>			
<b>Address</b>				<b>Email</b>			
<b>City</b>				<b>State</b>			
<b>Conference Registrants:</b>							
<b>NPD Family Members - Name</b> (No registration fee for NPD-diagnosed members)		<b>Age</b>	<b>NPD Type</b>	<b>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.</b>			
<b>Immediate Family - Adult Members &amp; Caregivers - Name</b> (\$50 per person registration fee)		<b>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".</b>					
<b>Other Children Attending - Name</b> (\$50 per child registration fee)		<b>Age</b>	<b>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.</b>				
<b>Extended Family/Friends Attending (\$75 per person registration fee)</b>							
<b>Name</b>				<b>Telephone</b>			
<b>Address</b>				<b>Email</b>			
<b>City</b>				<b>State</b>		<b>Zip</b>	
<b>Relationship to family (grandparent, aunt, friend, etc.)</b>							
<b>Name</b>				<b>Telephone</b>			
<b>Address</b>				<b>Email</b>			
<b>City</b>				<b>State</b>		<b>Zip</b>	
<b>Relationship to family (grandparent, aunt, friend, etc.)</b>							

Please complete both sides of this form, sign, and return with your conference registration payment by July 1.

## 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		
<b>TOTAL REGISTRATION FEES DUE</b>			\$	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 gives the NNPDF permission and authorization to include my family name and contact information in the 2010 Family Support and Medical Conference Packet:*

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
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-- OR --

*NO, please do NOT include my family's contact information in the 2010 Family Support and Medical Conference Packet:*

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
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**Please register by July 1, 2010. Make checks payable to the NNPDF and mail with this form to:**

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

<b>Delta Chelsea Hotel - Reservation Information - <a href="http://www.deltahotels.com">www.deltahotels.com</a> - 888-890-3222 or 416-595-1975</b>					
Room reservations for the conference must be made by each family directly with the Delta Chelsea Hotel.					
Have you reserved your room(s)?		# of rooms reserved		# of nights	
Reservation dates			Confirmation #		