



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 (USD, please) by July 1, 2010

Family Name				Telephone			
Address							
City				State			
Email Address						Country	
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? Please note any special care requirements. Childcare staff will NOT administer medications or feedings.			
				Yes	No		
				Yes	No		
				Yes	No		
Immediate Family - Adult Members & Caregivers - Name (\$50 USD 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 USD per child registration fee)		Age	Will this child be attending the Childcare/Activity Room during conference sessions? Please note any special care requirements. Childcare staff will NOT administer medications or feedings.				
			Yes	No			
			Yes	No			
			Yes	No			
Extended Family/Friends Attending (\$75 USD 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.)							

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

Conference Registration Fees - Please submit with Registration Form – USD Only

	Number registering	Registration fee per person	Total Registration Fees
NPD-affected individuals		--0--	--0--
Immediate Family Adult Members and Caregivers		\$50.00 USD	
Other Children		\$50.00 USD	
Extended Family and Friends		\$75.00 USD	
TOTAL REGISTRATION FEES DUE			\$ USD

****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.

YES, my signature here gives the NNPDF permission and authorization to include my family name and contact information in the 2010 NNPDF Family Support & Medical Conference Packet:

Name		Signature (Yes)		Date	
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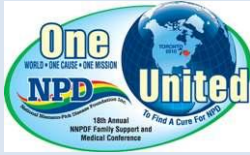
-- OR --

NO, please do NOT include my family’s information in the 2010 Family Support & Medical Conference Packet:

Name		Signature (No)		Date	
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Please register by July 1, 2010. Make checks payable to the NNPDF (USD only, please) and mail to: NNPDF; P.O. Box 49; Fort Atkinson, WI 53538-0049

Delta Chelsea Hotel - Reservation Info - www.nnpdf.org/familyservices_03.html 1-800-243-5732					
Hotel reservations must be made by each family directly with the Delta Chelsea Hotel.					
The block of rooms will be held until July 1 st , or until the block is full. Please reserve early!					
Have you reserved your room(s)?		# of rooms reserved		# of nights	
Reservation dates			Confirmation #		



2010 NNPDF Family Support and Medical Conference Conference T-Shirts and Baseball Tickets Form

Family Name	(Last)	(First)
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Conference T-Shirts
One T-shirt per registrant is included in the conference registration fee.
 ("Persevere" wear t-shirts, hoodies, caps and visors will also be available for purchase at the conference.)

T-Shirt Size	Please enter the quantity of shirts in each box. (Limit one shirt per registrant, please.)				
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Youth	Small (6-8)	Med (10-12)	Large (14-16)		
Adult	Small (30-32)	Med (34-36)	Large (38-40)	XL (44)	XXL (48)

Total Number of Registrants _____ = Total Number of T-shirts _____
 (no additional cost --included in conference registration fee)

Baseball Tickets -- Toronto Blue Jays vs. Tampa Bay Rays
Friday, August 6th, 2010, 7:00 p.m.

We have a block of tickets for the Toronto Blue Jays baseball game on Friday night, August 6th, for use by conference attendees (free). There is a limited number available, so please only request tickets you are certain you will use. If you request tickets and then find your plans have changed, please let us know as soon as possible so we can assign the tickets to another family who would like to go to the game. Tickets will be distributed at the conference. The stadium is a 20-minute walk from the hotel and the subway is very handy to the hotel. Taxis or the hotel shuttle may provide additional transportation options.

Ticket request for Toronto Blue Jays baseball game Aug. 6th, 7:00 p.m.	Do you need handicapped accessible seating? Yes No	Number of Tickets (Free) _____
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Conference Registration Checklist

<input type="checkbox"/> Conference registration form completed & signed	<input type="checkbox"/> Conference registration fee enclosed (USD only)
<input type="checkbox"/> T-shirt sizes indicated	<input type="checkbox"/> Baseball tickets requested (optional)
<input type="checkbox"/> Hotel reservation made	<input type="checkbox"/> Passports obtained/renewed