



National Niemann-Pick Disease Foundation
2011 Family Support and Medical Conference Registration Form
Thursday, July 28 – Sunday, July 31, 2011
Sheraton Norfolk Waterside Hotel – Norfolk, Virginia
Please complete and return with payment by July 1, 2011

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/Other Attending (\$75 USD per person registration fee)							
Name				Telephone			
Address				Email			
City				State		Zip	
Relationship to family (grandparent, friend, educator, medical professional, etc.)							
Name				Telephone			
Address				Email			
City				State		Zip	
Relationship to family (grandparent, friend, educator, medical professional, 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, Friends, Educators, Medical Professionals, etc.		\$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 2011 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 2011 Family Support & Medical Conference Packet:

Name		Signature (No)		Date	
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Please register by July 1, 2011. Make checks payable to the NNPDF (USD only, please) and mail to: NNPDF; P.O. Box 49; Fort Atkinson, WI 53538-0049

Sheraton Norfolk – Hotel Reservation Info - www.nnpdf.org/familyservices_03.html 1-888-627-8042					
Hotel reservations must be made directly with the Sheraton Norfolk Waterside Hotel.					
The block of rooms will be held until June 27th , or until the block is full. Please reserve early!					
Have you reserved your room(s)?		# of rooms reserved		# of nights	
Reservation dates			Confirmation #		