



National Niemann-Pick Disease Foundation
2016 Family Support and Medical Conference Registration Form
Thursday, Aug. 11, 2016 – Sunday, Aug. 14, 2016
DoubleTree Boston North Shore ~ Danvers, Massachusetts
 Please complete and return with payment by **July 15, 2016**

Please check if you are a first time conference attendee?		<input type="checkbox"/> YES			
NNPDF Member Filling out form:	First	Last	Email Address		
Address					
City		State		Zip	
Country		Telephone #		Cell #	
NPD Family Members – First & Last Name (No registration fee for NPD-diagnosed members)		Age	NPD Type	Will this individual be attending the Childcare/Young Adult Activity Room (CAR) 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 – First & Last Name (\$75 USD per person registration fee)		Please provide 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 – First & Last Name (\$50 USD per child registration. No registration fee for children under 5 years)		Age	Will this child be attending the Childcare/Young Adult 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 First & Last Name (\$100 USD per person registration fee)					
Name			Telephone		
Address			Email		
City			State	Zip	
Relationship to family First & Last Name (grandparent, friend, educator, medical professional, etc.)					
Name			Telephone		
Address			Email		
City			State	Zip	
Relationship to family (grandparent, friend, educator, medical professional, etc.)					

Please complete both sides of this form, sign, and return with your conference registration payment by **July 15, 2016**.

Conference Registration Fees - Please submit with Registration Form – USD Only- Thank you!

	Number registering	Registration fee per person	Total Registration Fees
NPD-affected individuals		--0--	--0--
Immediate Family Adult Members and Caregivers		\$75.00 USD	
Other Children (under 18)		\$50.00 USD (no registration fee for children under 5 years)	
Extended Family, Friends, Educators, NPD Medical Professionals, etc.		\$100.00 USD	
Pharmaceutical & Corporate Representatives		\$450.00 USD	
Genzyme Tour on 8/12/16		\$10.00 USD	
Salem Tour & Bus 8/12/2016		\$23.00 USD	
Salem Bus Only 8/12/2016		\$10.00 USD	
Co-Co Keys Water Park 8/12/2016 (we would like a head count)		\$22.50 USD	Purchase at hotel
TOTAL REGISTRATION FEES DUE			\$ USD

Any Dietary Restrictions		Whom?		What?	
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To assist us with our head-count and planning, please note the number of adults & children attending below!											
# of A = # of Adults # of C = # of Children											
<u>Thursday 8/11</u>		<u>Friday 8/12</u>				<u>Saturday 8/13</u>					
Welcome Reception		Breakfast		Lunch		Breakfast		Lunch		Gala	
# of A	# of C	# of A	# of C	# of A	# of C	# of A	# of C	# of A	# of C	# of A	# of C

****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 2016 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 2016 Family Support & Medical Conference Packet:

Name		Signature (No)		Date	
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Please register by **July 15, 2016**. Make checks payable to the NNPDF (USD only, please) and mail to:
 NNPDF; P.O. Box 49; Fort Atkinson, WI 53538-0049
 OR complete and pay via credit card online at www.nnpdf.org/familyservices_03.html.