



National Niemann-Pick Disease Foundation
2017 Family Conference Registration Form
Thursday, August 10 - Sunday, August 13, 2017
Hilton Rosemont/Chicago O'Hare

Please complete and return with payment by July 13, 2017

REGISTRANT INFORMATION:	FIRST NAME		LAST NAME		Email Address				
	Address								
	City				State or Province		Zip		
	Country			Phone		Cell Phone			
	First time attendee?		YES NO		Registrant NPD Type (If applicable)		ASMD NPC		
AUTHORIZATION REQUIRED: The NNPDI includes a full listing of all attendees in the conference packet. Many attendees find this information helpful in connecting with other families. DO WE HAVE YOUR PERMISSION TO INCLUDE YOUR NAME AND CONTACT INFORMATION IN THE CONFERENCE PACKET?							YES NO		
Will your family require ADA transportation from Chicago O'Hare airport to the Hilton Rosemont?		YES NO		Volunteers play an important role in our conference. Would you be willing to volunteer at our Family Conference? If yes, you will be contacted by the NNPDI Central Office with information. Thank you!				YES NO	

ADDITIONAL ATTENDEES:										
NPD Diagnosed Individual (NO FEE) FIRST AND LAST NAME	FIRST TIME ATTENDEE?		NPD TYPE	AUTHORIZATION TO INCLUDE IN CONF. PACKET?		INTERESTING IN VOLUNTEERING?		AGE	ATTENDING ACTIVITY ZONE?	
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
Immediate Family Member or Caregiver ADULT - Over 18 (\$75 PER PERSON) FIRST AND LAST NAME	FIRST TIME ATTENDEE?			AUTHORIZATION TO INCLUDE IN CONF. PACKET?		INTERESTING IN VOLUNTEERING?			ATTENDING ACTIVITY ZONE?	
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
Immediate Family Member CHILD - 6 to 17 Years (\$50 PER CHILD) FIRST AND LAST NAME	FIRST TIME ATTENDEE?			AUTHORIZATION TO INCLUDE IN CONF. PACKET?		INTERESTING IN VOLUNTEERING?		AGE	ATTENDING ACTIVITY ZONE?	
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
Immediate Family Member CHILD - 0 to 5 Years (NO FEE) FIRST AND LAST NAME	FIRST TIME ATTENDEE?			AUTHORIZATION TO INCLUDE IN CONF. PACKET?		INTERESTING IN VOLUNTEERING?		AGE	ATTENDING ACTIVITY ZONE?	
	YES	NO		YES	NO				YES	NO
	YES	NO		YES	NO				YES	NO
	YES	NO		YES	NO				YES	NO
	YES	NO		YES	NO				YES	NO
Extended Family/Friends/Other ADULT - Over 18 (\$100 PER PERSON) CHILD - 6 to 17 Years (\$50 PER CHILD) CHILD - 0 to 5 Years (NO FEE) FIRST AND LAST NAME	FIRST TIME ATTENDEE?			AUTHORIZATION TO INCLUDE IN CONF. PACKET?		INTERESTING IN VOLUNTEERING?		AGE (Only if under 18)	ATTENDING ACTIVITY ZONE?	
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO
	YES	NO		YES	NO	YES	NO		YES	NO

CONTINUED ON REVERSE SIDE

EXTENDED FAMILY/FRIENDS/OTHER Name, Address, Email, Phone if different from registrant

First & Last Name					Email Address					
Address										
City					State		Zip			
Country		Phone			Cell Phone					
Relationship to Registrant Family										
First & Last Name					Email Address					
Address										
City					State		Zip			
Country		Phone			Cell Phone					
Relationship to Registrant Family										
First & Last Name					Email Address					
Address										
City					State		Zip			
Country		Phone			Cell Phone					
Relationship to Registrant Family										

MEALS: Please provide TOTAL number of meals and events you, your family, and guests will be attending. If attending full event, please provide total in "ALL". A = Adult C = Children	ALL		THURSDAY RECEPTION		FRIDAY BREAKFAST		FRIDAY LUNCH		SATURDAY BREAKFAST		SATURDAY LUNCH		SATURDAY GALA	
	# A	# C	# A	# C	# A	# C	# A	# C	# A	# C	# A	# C	# A	# C
Dietary Restrictions: Please include name and description.														

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

	Number Registering	Registration fee per person	Total Registration Fees
Immediate Family Member or Caregiver ADULT - Over 18 (\$75 PER PERSON)		\$75.00 USD	
NPD Diagnosed Individual (NO FEE)		- 0 -	- 0 -
Immediate Family Member CHILD – 6 to 17 Years (\$50 PER CHILD)		\$50.00 USD	
Immediate Family Member CHILD – 0 to 5 Years (NO FEE)		- 0 -	- 0 -
Extended Family/Friends/Other ADULT – Over 18 (\$100 PER PERSON) CHILD – 6 to 17 Years (\$50 PER CHILD)		ADULT: \$100.00 USD CHILD: \$50.00 USD	
Pharmaceutical & Corporate Representatives		\$450.00 USD	
ONLY Saturday Gala Event - ADULT		\$50.00 USD	
ONLY Saturday Gala Event - CHILD 6-17		\$25.00 USD	
TOTAL REGISTRATION FEES DUE			\$ USD

Please register by July 13, 2017. Make checks payable to the NNPDF (USD only, please) and mail to:

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