

BABY-CARE/YOUTH AND ADOLESCENT PROGRAM REGISTRATION FORM

Please check appropriate box (required).

- Babycare program: ages 6 months–3 years**
 Youth & Adolescent program: ages 4–17 years

NOTE: There is NO on-site registration for this program. Form cannot be processed without \$40.00 fee and parent/guardian registration form(s).

A separate registration form must be submitted for each child (ages 6 months–17) participating in these programs. The \$40 fee per child will help offset the costs of this two-day program. This form must be postmarked no later than **August 26, 2005.**

Please print clearly or type, and complete a registration form for each child. Feel free to duplicate this form as necessary.

ATTENDEE INFORMATION

Child's Name

City

State

Zip Code

Date of Birth (MM/DD/YYYY)

Age at time of meeting (Ages 6 months–17)

Dr. Mr. Mrs. Ms.

Parent/Guardian Attending Meeting (First and Last Name)

Relationship to Child

Daytime Phone Number (Including Area Code)

Parent's/Guardian's Pager or Cellular Number (to reach you onsite in case of emergency—**required**)

Hotel Staying at for Meeting

Please complete the following information (optional)

(Note: Your information is confidential and can help us to plan/develop new programs for your benefit)

Racial/Ethnic background: Caucasian African American Latino Asian/Pacific Islander

Native American Other _____

Insurance Information

Do you or your spouse have health/accident insurance? Yes No If yes, please supply insurance information.

Company's Name

Company's Address

City

State

Zip Code

Company's Phone Number (Including Area Code) Policy Number

Policy Holder

IMPORTANT INFORMATION

IMPORTANT INFORMATION





BABY-CARE/Y&A PROGRAM REGISTRATION FORM (CONT'D)

Please complete all items clearly, and sign the bottom of the form.

Does your child have any special dietary needs? **Yes** **No** If yes, please explain.

Does your child have any medical problems, allergies, limiting disabilities, or is s/he taking any medications (prescribed or otherwise)? **Yes** **No** If yes, please explain. *(Note: NHF employees cannot administer medication to program participants.)*

Do you grant permission for your child (ages 4–17 only) to go on a field trip without your supervision? **Yes** **No** *(Note: Children who are not permitted on the field trip cannot participate in that portion of the Youth & Adolescent Program as the trip is the only offering.)*

Will your child be attending the Final Night Event? **Yes** **No**
*(Note: If you checked off "yes", your child's ticket will be included in **your** on-site meeting materials. If you have children who are not participating in the Youth & Adolescent program but plan to attend the Final Night Event, additional tickets may be purchased onsite @ \$25/person.)*

Disclosure

The Youth & Adolescent Program at the NHF Annual Meeting will involve a variety of activities that often include group games, group problem-solving, discussions, and physical activities. Participation is, at all times, completely up to the individual. NHF staff and volunteers will provide supervision and facilitation. Independent of NHF, the contracted childcare company, a wholly separate entity from NHF, will provide professionally-bonded childcare workers.

Release of Liability

I understand that parts of the NHF Annual Meeting Babycare/Youth & Adolescent Program may be physically/emotionally demanding. I affirm that my child's health is good and that s/he is not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I understand that each participant assumes the risk of possible injury resulting from these activities. I release NHF, its staff, volunteers, and anyone assisting with activities from liability for any injury, loss, or damage during participation. In the event of an emergency, I understand that an effort will be made to contact me. I also agree to remain on premises (at the hotel) during the Babycare/Youth & Adolescent Program. If contact is impossible, I give permission for emergency medical attention, including treatment as recommended by an attending physician, to be administered to my child. I understand that I am responsible for any necessary medical costs.

Parent/Guardian Signature

Date

Babycare/Y&A registrations must be postmarked by August 26, 2005.

There is no onsite registration for this program.

Registration for NHF's 57th Annual Meeting Babycare/Youth and Adolescent Program implies consent that any pictures, videos, or audio taping taken during the meeting, program and NHF related events can be used by NHF for Annual Meeting coverage and for promotional purposes. Please notify the photographer or video/audio taper if you do not want your child's picture/voice taken/recorded or used for promotional purposes.

MAIL FORM TO:

Meetings Department
National Hemophilia Foundation
116 W. 32nd Street
11th Floor
New York, NY 10001

FAX FORM TO:

Meetings Department
(212) 328-3766

REGISTRATION FORM (CONT'D)

Registration and Membership Information and Fees

You must postmark your registration by **August 26, 2005**. Fill out the membership section to enjoy lower Annual Meeting rates available exclusively to NHF members.

Consumers ☻

Member \$ 90 \$ _____
Nonmember \$ 125 \$ _____

Providers and Industry

Member \$ 400 \$ _____
Nonmember \$ 475 \$ _____

CME/CEU credits are included in Provider and Industry price.

NHF Chapter Staff

Early Bird Special \$ 125 \$ _____

Babycare/Youth & Adolescent Program (___ child(ren) @ \$40 each = \$ ___) \$ _____
Preregistration required—one form per child

Additional tickets for Awards Luncheon and Final Night Event can be purchased on-site.

Membership

Become a member of the National Hemophilia Foundation and register at the member's price.

Person with Bleeding Disorder/Family Member \$25
Nurse/Physical Therapist/Social Worker/Other \$50
Physician/Researcher/Industry \$100 \$ _____

Processing Fee

Free if postmarked by August 26, 2005; \$50 fee after. Fee \$ _____

Total Amount Enclosed

Grand Total \$ _____

METHOD OF PAYMENT: (check one) Check Money Order Credit Card

PAYMENT: FAX OR MAIL

1. Faxed registration forms will be accepted with **MasterCard, Visa or American Express card payment ONLY!**

Note: If you fax your registration form, DO NOT MAIL! This will avoid double billing. Faxed registration forms without credit card information will not be processed.

2. Make checks or money orders payable to: National Hemophilia Foundation.

Cancellations received **in writing by August 26, 2005**, will be refunded, less a 20% processing fee. There will be no refunds after this date.

MasterCard Visa American Express

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (EXACTLY AS IT APPEARS ON CARD)

SIGNATURE OF CARDHOLDER

Registration for NHF's 57th Annual Meeting Babycare/Youth and Adolescent Program implies consent that any pictures, videos, or audio taping taken during the meeting, program and NHF related events can be used by NHF for Annual Meeting coverage and for promotional purposes. Please notify the photographer or video/audio taper if you do not want your child's picture/voice taken/recorded or used for promotional purposes.

MAIL FORM TO:

Meetings Department
National Hemophilia Foundation
116 W. 32nd Street
11th Floor
New York, NY 10001

FAX FORM TO:

Meetings Department
(212) 328-3766