

COST OF REGISTRATION REGISTER BY July 15th, 2010 AND SAVE

Conference Registration prices include welcome reception, breakfast and lunch and Dinner Saturday, and Sunday breakfast

Adults (12+), Early Bird : postmarked by July 15th,	# _____x	\$90 =	\$_____
Adults (12+), postmarked after July 15th,	# _____ x	\$110 =	\$_____
Children (6 – 11) Early Bird : postmarked by July 15th,	# _____ x	\$45 =	\$_____
Children (6 - 11), postmarked after July 15th,	# _____ x	\$55 =	\$_____
Children 0 to 5,	# _____ x	\$ 0 =	\$ 0
<u>Indicate how many of your group will be attending :</u>	Adults	Children	
Friday night reception (6:30 PM to 9:00 PM)	_____	_____	
Saturday Breakfast			
Saturday Dinner	_____	_____	
Sunday Breakfast			
Child care <i>\$48.00 per child</i>	# _____ x	\$48 =	*\$_____
TOTALS DUE (MAKE CHECKS PAYABLE TO TNSSG) USD CONVERSION AT CAD \$.945 TOTAL DUE CAD \$ _____ X \$.945 = USD \$ _____	TOTAL DUE CAD \$ _____	X \$.945	OR TOTAL DUE USD \$ _____

REGISTRATION FORM (PLEASE PRINT)

FAMILY'S LAST NAME: _____

EMAIL _____

ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____

TELEPHONE _____

OF PEOPLE ATTENDING _____ WILL YOU BE STAYING AT THE GRAND LODGE? _____

ADULT (12+) NAME (S) (first & last) and AGE :

1. _____

2. _____

3. _____

4. _____

CHILDREN ATTENDING (0—11) NAME (S) (first & last) and AGE

Name _____ age _____

1. _____ Daycare _____

2. _____ Daycare _____

3. _____ Daycare _____

4. _____ Daycare _____

In an effort to provide childcare it is vital that we know how many children will require childcare. Only children registered in advance will be admitted to childcare. Children in care will not be permitted to leave the childcare facility unless accompanied by a childcare provider or the responsible parent/guardian. If a child has special medical needs (e.g. feeding tubes, oxygen) they will be admitted to childcare but only with a designated babysitter that you provide. Any child who is determined to be destructive or disruptive will not be allowed to stay in childcare. If a child is sick they should not be left in childcare.

I WILL NEED # _____ HIGHCHAIR (S) I WILL NEED # _____ BOOSTER (S) SEATS

For your convenience we accept: or PayPal :Visa or Master Card _____

PLEASE PRINT NAME AS IT APPEARS ON CREDIT CARD

NAME: _____

ACCOUNT NUMBER _____ 4 DIGIT EXPIRATION 3 digits (back of card)

AUTHORIZED CARDHOLDER SIGNATURE _____

BILLING ADDRESS (if other than person registered for the meeting): _____

CITY: _____, STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

AREA CODE : _____ TELEPHONE : _____ EMAIL: _____

**SEND COMPLETED FORM TO: TNSSG, Inc. , P O BOX 145, UPPERCO, MD 21155
Questions? Call Us Direct at: 410-374-5245**

Children's First and Last Name(s)

1. Name _____ Age _____ Language(s) spoken: _____
2. Name _____ Age _____ Language(s) spoken: _____
3. Name _____ Age _____ Language(s) spoken: _____

Please list **only** those allowed to check-out the above Child(ren) from the Kimberlee Care Children's Program.

First and Last Name: _____ Relationship to Children): _____
First and Last Name: _____ Relationship to Child(ren): _____

Are any of your children **allergic** to anything (foods, etc.) or taking **medication**? If yes, explain: (NOTE: Kimberlee Care staff does not administer or assist in the administration of any medications.)

Do any of your children have **health limitations** or **special needs**?

Noonan Syndrome Annual Conference

We, the undersigned adults, agree to place our child or ward in the Kimberlee Care Children's Program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, do hereby release and agree to indemnify and hold harmless Kimberlee Care, and their respective officers, directors, agents, employees, assigns, vendors, and owners and/or lessors of the facility or facilities where the program is held (collectively "the Releasees") from any and all claims which may now or hereafter arise from our child's/ward's (or children/wards) participation in the Kimberlee Care Program. We do not release claims arising from Releasees from any of their wilful misconduct or gross negligence.

We have read the above and understand this release. Furthermore, in the event of emergency or health concern, Kimberlee Care has our permission to administer first aid, contact our paediatrician or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving our child/ward.

Parent/Guardian Name: _____ Signature: _____

Date: _____

Address: _____

City: _____ State / Prov: _____ Zip/Postal code: _____

Country: _____: Work Phone: (____) _____

Mobile Phone (____) _____ Email: _____

Please mail filled out form with conference registration form
Thank you!