

# 4P- Support Group Conference Registration – Salt Lake City 2010

4P- Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Travel Mode: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Will you be staying at the Hilton Salt Lake City Center where the Conference will be held?(circle)      Yes      No

First-time attendee? (circle)      Yes      No

Can we add your name & address to a directory of families attending the gathering? (circle)      Yes      No

Add phone number?(circle)      Yes      No      Add email?(circle)      Yes      No

Will you be attending the Meet & Greet on Thursday night?(circle)      Yes      No

# adults \_\_\_\_\_ # children \_\_\_\_\_

Please indicate if your 4P- child will eat conference meals: (boxed lunch Fri, buffet dinner) (circle)      Yes      No

**Please print legibly** so we will be able to spell your name correctly on your name badges.

4P- children are to attend the Clinics on Thursday with their parents. Childcare on Thursday is limited to 4P- siblings while their parents are attending a clinic. Childcare is available at the hotel on Friday and Saturday for 4P- children and their siblings.

**\*Registration Type: A= Adult 18 & over, 4P= 4P- Child, C= Child 17 yrs. & younger, Pro= Professional, G= Grandparent**

Attendees		Child Care Needed (enter "yes" for each child attendee)					
Badge Name (First & Last)	Type*	Child Age	Thurs Parent/Dr. Clinics	Friday Morning	Friday Afternoon	Sat Morning	Sat Afternoon

### CLINIC PRE-REGISTRATION

\*Parent Doctor Exchange clinics will be offered on Thursday from 12pm-4pm MT at the Hilton Hotel. Participation is optional. **Identify 4 choices of clinics (with #1=most important, #4=least important). We will try to accommodate your first 2 choices.**

#	30 minute Parent Doctor Exchange Clinics (All requests need to be made by June 1 <sup>st</sup> )
	Genetics offered by Dr. John C. Carey
	Neurology offered by Dr. Agatino Battaglia
	Sleep Medicine offered by Dr. Ameet S. Daftary
	Nephrology offered by Dr. Joseph R. Scherbotie
	Cognitive Behavior and Development offered by Gene S. Fisch Ph.D.

#### 4P- SUPPORT GROUP MERCHANDISE ORDER FORM

The following items are available for pre-sale. Help us avoid disappointing you by ordering early so that we can place our orders and have the items you want. 100% pre-shrunk cotton short sleeved t-shirts have the SLC Logo. Reusable Grocery tote bag and white vinyl car window sticker have the official 4P- Support Group logo.

Description	XS (2-4)	S (6-8)	M (10-12)	L (14-16)	XL (18-20)			Total #	Price (each)	Cost
Youth White T-Shirt									\$7.00	
		S	M	L	XL	XXL	XXXL			
Adult White T-Shirt									\$10.00	
Reusable Grocery Tote									\$3.00	
White Vinyl Window Sticker									\$3.00	

(TOTAL)

#### CONFERENCE COST COMPUTATION

\*Friday boxed lunch and Friday buffet dinner cost is included in full conference costs

Attendees	#	Cost (each)	Total Cost
Full Conference Adults 18 & over		\$50.00	
Full Conference 4P-SG Children (any age) and siblings 17 & under		FREE	
Adult Boxed Lunch Meals Friday Afternoon		Included	Included
Child Boxed Lunch Meals Friday Afternoon		Included	Included
Adult Buffet Meals Friday Night		Included	Included
Children Buffet Meals Friday Night		Included	Included
4P-SG 2-year family membership dues (2010 & 2011)		\$50.00	
4P-SG 1-year family membership dues (2010)		\$25.00	
Bank Fee for International Forms of Payment		\$10.00	
4P-SG Merchandise (Total from above)			
A contribution to the 2010 Conference will be greatly appreciated.			

(GRAND TOTAL)

Please enclose one check or money order (in U.S. Funds drawn on a U.S. Bank) payable to 4P- Support Group and return this registration form by **JUNE 28, 2010** to:

4P- Support Group  
c/o Susan Bear, Treasurer  
8515 Wilton Way  
Evansville, IN 47725

#### Registration questions?

Contact Susan Bear at (812) 867-6638 [tsbear@wowway.com](mailto:tsbear@wowway.com) or Amanda Lortz at (614) 882-3393 [4P-SG@att.net](mailto:4P-SG@att.net)  
For More Information, see: [www.4p-supportgroup.org](http://www.4p-supportgroup.org)

**Remember!** You must make your own hotel reservations with the Hilton Salt Lake City Center.

Double rooms are blocked at a rate of \$99 night (based on 2 adult occupancy, not including your 4P- adult child)

The 4p- Support Group rate is good for 3 days after and 3 days before conference dates.

For the 4P- Support Group rate reserve by June 28, 2010: (801) 328-2000 or (800) HILTONS.

Make sure to make known any special needs you might have.

#### Dues

Please consider paying your 2010 Membership dues. Dues are the foundation for our business operating costs such as newsletter printing, postage and quarter Board conference calls. In order to receive the updated 2010 Biological Information CD at the conference registration table you must be paid up to date on your membership dues.

#### Newsletters

Are you a full member of the 4P- Support Group and currently receive your quarterly newsletters in the mail? We now offer an electronic version (PDF file). By choosing this option you help the group greatly reduce printing and mailing costs thus allowing us to allocate that money to grow other areas of daily business operations. You will also be able to view it in full color the way it was meant to be seen! If you are interested in having your newsletters sent to your email account please indicate what email address to send it to.

Please start sending my quarterly newsletters to at \_\_\_\_\_.

May we also use this email address to send your annual dues invoices and/or any receipts to you? (circle) Yes

No