

REGISTRATION FORM

Print this form and mail to Kim Green at the address below or email to kim@proteus-syndrome.org

**Proteus Syndrome Foundation Family Conference
October 7-8, 2022
The Bethesda Hotel by Hilton
8120 Wisconsin Avenue, Bethesda, MD. 20814**

Please return this form by September 5, 2022.

Questions email: kim@proteus-syndrome.org

Send Registration form with payment to:

Proteus Syndrome Foundation
c/o Kim Green
9296 Penobscot Ct., Colorado Springs, CO 80924 USA

Or pay online on the registration page of the website.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Number of Family

Itinerary

Oct 6: Thursday night early check in: We will offer hotdogs & hamburgers for a casual meet & greet and you can pick up your conference packets.

Oct 7: All Day Conference - Complimentary Continental Breakfast & Lunch. Dinner on your own.

Oct 8: All Day Conference - Complimentary Continental Breakfast & Lunch.

Oct 8: Dinner Saturday evening in ballroom of hotel.

Do you need day care during the conference? Yes _____ No _____

If you answered yes please provide names and ages of children here:

Name of Child or Adult family member with Proteus syndrome:

Registration Fees: (Registration fees include, Thursday night dinner, Friday breakfast & lunch, Saturday breakfast, lunch, dinner reception, daycare and conference materials).

Pre-registration for meeting helps us estimate room size and catering needs.

Payment must be made in US dollars.

**Make checks or money orders payable to
The Proteus Syndrome Foundation
and mail to
PSF - 9296 Penobscot Ct., Colorado Springs, CO. 80924
or
go back to the Conference Registration Page on the website and click the link to pay
online.**

You will also be able to *reserve and pay for your room* from the Conference Registration Page.

\$115.00 per individual \$ _____

\$40.00 per child 12 and under \$ _____

\$45 per guest at Saturday Dinner \$ _____

Scholarship Fund Donation: Your *contribution* to this fund helps offset registration fees for other participants and is greatly appreciated. \$ _____ *thank you!*

Total Amount Due \$ _____

Total Number of people attending Conference _____

ROOM RESERVATIONS

Room Rates: Single/Double Occupancy Room \$129

Please return to the Conference Registration Page to see the information for reserving your room.

SATURDAY EVENING PSF DINNER

The Proteus Syndrome Foundation invites you to attend dinner Saturday evening at the Wisconsin Room

6:00pm – 9:00pm

Please RSVP on ALL items below.

Below: List the names of those who will be attending the conference. *List ages of all children.* **Write Y(yes) or N(no) for each person in the box beside their name.** We will be providing continental breakfast and lunch on Friday and Saturday during the conference. If you will not be joining us for the breakfast or lunch please put N so we can get an accurate count.

Food choice: **Beef (BF), Chicken (CK), Vegetarian (VG), Kids Meal (K)**

Name	Child Age	Thursday	Friday	Saturday	Sat/Dinner	Food Choice
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please note any food allergies: