

REGISTRATION FORM

**Proteus Syndrome Foundation Family Conference
October 11-12, 2024
The Bethesda Hotel by Hilton
8120 Wisconsin Avenue, Bethesda, MD. 20814**

Please return this form by September 1, 2024.

Email Kim with questions or to apply for Financial Assistance: 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 if paying by CC email form to Kim@proteus-syndrome.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Itinerary

Oct 10: Thursday night early check in: We will offer hotdogs & hamburgers for a casual meet & greet and you can pick up your conference packets.

Oct 11: All Day Conference - Complimentary Breakfast & Lunch. Dinner on your own.

Oct 12: All Day Conference - Complimentary Lunch.

Oct 12: Dinner Saturday evening in ballroom of hotel.

Registration Fees: (Registration fees include, Thursday night dinner, Friday breakfast & lunch, Saturday lunch and 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 or you can go to our website at www.proteus-syndrome.org to pay by CC on our website under DONATE.

\$125.00 per individual \$ _____

\$30.00 per child 12 and under \$ _____

\$75 per guest (not registered)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 Enclosed \$ _____

If you would like to apply for a grant to help you attend the Proteus Syndrome Foundation Conference please email kim@proteus-syndrome.org

ROOM RESERVATIONS

Room Rates: Single/Double Occupancy Room \$135++
(rooms can be booked from October 9-13 for this rate.)

Below is the information you will need to make guest room reservations.

Please call the hotel direct to book your room 301-652-2000 tell them you are with the Proteus Syndrome Foundation for group rate.

or

follow this link.

<https://tinyurl.com/4w5d46mh>

SATURDAY EVENING PSF DINNER

The Proteus Syndrome Foundation invites you to attend dinner Saturday evening

6:00pm – 9:00pm

Please RSVP on ALL items below.

The Friday & Saturday conference includes: breakfast, lunch and one snack break.

If you will NOT be having lunch at the conference please note that below.

List the names of those who will be attending the conference.

List ages of all children.

Write Y(yes) or N(no) if each person is attending Thursday, Friday & Saturday.

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"/>	_____
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_____		<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: