

REGISTRATION FORM

Print this form and mail to Kim Green at the address below

**Proteus Syndrome Foundation Family Conference
October 25-26, 2019
Hyatt Regency Hotel Bethesda
One Bethesda Metro Center Bethesda, Maryland, 20814**

Please return this form by September 20, 2019.

Questions email: kim@proteus-syndrome.org

Send Registration form with payment to:

Proteus Syndrome Foundation
c/o Kim Green
4915 Dry Stone Dr., Colorado Springs, CO 80923 USA

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Itinerary

Oct 24: Thursday night early check in: We will offer hotdogs & hamburgers for a casual meet & greet and you can pick up your conference packets.

Oct 25: All Day Conference - Complimentary Breakfast & Lunch. Dinner on your own.

Oct 26: All Day Conference - Complimentary Breakfast & Lunch.

Oct 26: Dinner Saturday evening in ballroom of hotel.

We are going to make a 2019 PS Family Directory. If you would like to be included please check yes. This will be sent to all PSF families in our database and no one else.

I give permission to print our name, address and phone # in the packet of conference materials

Yes____ No____

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 & snacks during conference, 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.

\$95.00 per individual \$ _____

\$30.00 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 Enclosed \$ _____

ROOM RESERVATIONS

Room Rates: Single/Double Occupancy Room \$149, Triple Occupancy Room \$174, Quadruple Occupancy Room \$199.00

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

Please click the link on the website to reserve your room.

SATURDAY EVENING PSF DINNER

The Proteus Syndrome Foundation invites you to attend dinner Saturday evening at the Hyatt Regency Hotel.
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"/> | _____ |
| _____ | | <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:

