

Texas Bleeding Disorders Conference August 4-6, 2017

INDIVIDUAL & FAMILY REGISTRATION FORM

Mail to: Lone Star Chapter of the NHF
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Section 1: PAYMENT INFORMATION

Complimentary Registration for First-Time Attendee!
 First-Time Attendee Free Scholarship
 Family (Parents and Children) \$99.00 - final payment made by July 1, 2017
 Individual Adult \$69.00 - final payment made by July 1, 2017
 I would like to make a donation to provide a First-Time Attendee scholarship for another family of \$ _____

Payment Method: Credit Card Check Money Order TOTAL PAYMENT \$ _____

Credit Card Number _____ Security Code _____ Expiration Date _____ Zip Code _____
 (Visa/MC on back, AMEX on front)

Name on Credit Card _____ Signature _____
 or

Payment Plan: FIRST PAYMENT DUE SECOND PAYMENT DUE FINAL PAYMENT MUST BE MADE BY THIS DATE
 Payments Due: May 1, 2017 June 1, 2017 July 1, 2017

****No refunds will be made after July 1, 2017 - under emergency situations only**
****Please make checks payable to: Lone Star Chapter**

Section 2: REGISTRATION

****DEADLINE FOR REGISTRATION IS JULY 1, 2017****

<p>(If you have more than 5 people you will require more than one room. One room extra will be required at your cost of \$145 per night)</p> <p>Your Name: _____</p> <p>Spouse Name: _____</p> <p>Child 1: _____ Age _____</p> <p>Child 2: _____ Age _____</p> <p>Child 3: _____ Age _____</p> <p>Child 4: _____ Age _____</p> <p>Child 5: _____ Age _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p><i>(Please provide at least one contact phone number below.)</i></p> <p>Home Phone: () _____</p> <p>Work Phone: () _____</p> <p>Cell Phone: () _____</p> <p>E-mail Address: _____</p>	<p>Person in the family has: Hemophilia/von Willebrand/Other (Circle One)</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Spanish Translation is available in the general sessions. Please let us know how many adults in your family will use this service. _____</p> <p>Does anyone in your family have dietary needs or restrictions? If so, please explain: _____</p> <p>_____</p> <p>_____</p> <p>Do you authorize use of any photographs or videos for LSC's and TexCen's use only? Yes _____ No _____</p>
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Please complete a separate "Youth Registration" form for each child attending age 18 and under

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Hotel Information

The Lone Star Chapter and Texas Central Hemophilia will pay for ***one*** hotel room for Friday, August 4th and Saturday, August 5th. Each room will sleep 5 people. Additional rooms needed for Friday and Saturday night will be at your own expense of our group rate of \$145/night plus tax. Please complete the information below for your Friday and Saturday night stays. We will make the hotel reservations for Friday and Saturday night only.

We have also negotiated with the Woodlands Waterway Marriott Hotel to extend our group rate of \$145/night plus tax for Thursday, August 3rd before and Sunday, August 6th after our conference. Once you receive your confirmation letter from the chapter in the mail, with your Friday and Saturday night hotel reservation code, please call the hotel with this reservation code to reserve any additional Thursday and/or Sunday night stays based upon hotel availability.

Type of Hotel Room you will be needing:

Two Doubles _____ One King Bed _____ Baby Crib Required _____
(Room Configuration is based on availability)

You will be responsible for any additional charges made to your room, including the mini-bar.

Please indicate what dates and how many rooms you will be needing:

Friday, August 4, 2017 How many rooms? _____ (Only one room paid for by LSC and TexCen)
Saturday, August 5, 2017 How many rooms? _____ (Only one room paid for by LSC and TexCen)

Questions?

Please direct any rooming questions to hhensley@lonestarahemophilia.org