

**Texas Bleeding Disorders Conference August 3-5, 2018**  
**INDIVIDUAL & FAMILY REGISTRATION FORM**

**Mail to: Lone Star Chapter of the NHF**

**Attn: Heidi Hensley • 5600 Northwest Central Suite 140 • Houston, TX 77092**

**Email: [hhensley@lonestarahemophilia.org](mailto:hhensley@lonestarahemophilia.org) Fax: 832-383-4601 Phone: 713-686-6100**

**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, 2018

\_\_\_\_ Individual Adult \$69.00 - final payment made by July 1, 2018

\_\_\_\_ 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, 2018              June 1, 2018              July 1, 2018

**\*\*No refunds will be made after July 1, 2018 - under emergency situations only**

**\*\*Please make checks payable to: Lone Star Chapter**

**Section 2: REGISTRATION**

**\*\*DEADLINE FOR REGISTRATION IS JULY 1, 2018\*\***

(If you have more than 5 people you will require more than one room. One room extra will be required at your cost of \$159 per night)

Your Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Child 1: \_\_\_\_\_ Age \_\_\_\_\_

Child 2: \_\_\_\_\_ Age \_\_\_\_\_

Child 3: \_\_\_\_\_ Age \_\_\_\_\_

Child 4: \_\_\_\_\_ Age \_\_\_\_\_

Child 5: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

*(Please provide at least one contact phone number below.)*

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

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

Person in the family has:

Hemophilia/von Willebrand/Other (Circle One)

Name of Person with a Bleeding Disorder: \_\_\_\_\_

Name of Person with a Bleeding Disorder: \_\_\_\_\_

Name of Person with a Bleeding Disorder: \_\_\_\_\_

**Spanish Translation** is available in the general sessions. Please let us know how many adults in your family will use this service.

Does anyone in your family have **dietary needs or restrictions**?

If so, please explain: \_\_\_\_\_

Do you authorize use of any photographs or videos for LSC's and TexCen's use only? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please complete a separate "Youth Registration" form for each child attending age 18 and under**

# Texas Bleeding Disorders Conference

August 3-5, 2018

## INDIVIDUAL & FAMILY REGISTRATION FORM

### Hotel Information

The Lone Star Chapter and Texas Central Hemophilia will pay for **one** hotel room for Friday, August 3rd and Saturday, August 4th. 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 \$159/night plus tax. Please complete the information below for your Friday and Saturday night conference stays. We will make the hotel reservations for Friday and Saturday night only.

We have also negotiated with the San Antonio Marriott Rivercenter Hotel to extend our group rate of \$159/night plus tax for 3 days before and 3 days after our conference – starting Tuesday, July 31<sup>st</sup> to Thursday, August 2<sup>nd</sup> and Sunday, August 5<sup>th</sup> through Tuesday, August 7<sup>th</sup>. **The extension of this group rate will only be available if you register for the conference with the Lone Star Chapter by June 1<sup>st</sup>. Please send in your family registration forms to the Lone Star Chapter by June 1<sup>st</sup> if you would like to extend your stay in San Antonio.** Once you receive your confirmation letter from the chapter in the mail, with your Friday and Saturday night hotel conference reservation code, you will be making your extra hotel stay reservation on your own. Please call the hotel with this reservation code to reserve any additional night stays based upon hotel availability.

#### **Type of Hotel Room you will be needing for the conference on Friday and Saturday night:**

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 during the conference:**

Friday, August 3, 2018      How many rooms? \_\_\_\_\_ (Only one room paid for by LSC and TexCen)  
Saturday, August 4, 2018      How many rooms? \_\_\_\_\_ (Only one room paid for by LSC and TexCen)

#### **Questions?**

Please direct any rooming questions to [hhensley@lonestarahemophilia.org](mailto:hhensley@lonestarahemophilia.org)