

Texas Bleeding Disorders Conference June 21-23, 2019

INDIVIDUAL & FAMILY REGISTRATION FORM

Mail to: Lone Star Chapter of the NHF

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

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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 May 1, 2019

____ Individual Adult \$69.00 - final payment made by May 1, 2019

____ 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: March 1, 2019 April 1, 2019 May 1, 2019

**No refunds will be made after May 1, 2019 - under emergency situations only

**Please make checks payable to: Lone Star Chapter

Section 2: REGISTRATION

****DEADLINE FOR REGISTRATION IS May 1, 2019****

(If you have more than 5 people you will require more than one room. One room extra will be required at your cost of \$169 per night plus tax plus \$20 resort fee)

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

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Hotel Information

The Lone Star Chapter and Texas Central Hemophilia will pay for **one** hotel room for Friday, June 21st and Saturday, June 22nd. 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 \$169/night plus tax plus \$20 resort fee based on availability. 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 Gaylord Texan Hotel in Grapevine, TX to extend our group rate of \$169/night plus tax plus \$20 resort fee for 3 days before and 3 days after our conference – starting Tuesday, June 18th to Thursday, June 20th and Sunday, June 23rd through Tuesday, June 25th. **The extension of this group rate will only be available if you register for the conference with the Lone Star Chapter by April 1st. Please send in your family registration forms to the Lone Star Chapter by April 1st if you would like to extend your stay in Grapevine.** 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, June 21, 2019 How many rooms? _____ (Only one room paid for by LSC and TexCen)
Saturday, June 22, 2019 How many rooms? _____ (Only one room paid for by LSC and TexCen)

Questions?

Please direct any rooming questions to hhensley@lonestarahemophilia.org