

2022 Texas Bleeding Disorders Conference Registration is now open!



Hosted by the Lone Star Bleeding Disorders Foundation
and Texas Central Bleeding Disorders

July 29-31, 2022
JW Marriott Hill Country Resort
San Antonio, Texas



New in 2022 – Lunch Symposium 1:00 PM Friday for early arrivals! RSVP in the registration packet!

Deadline to Register is July 1, 2022

We are back together for the 2022 Texas Bleeding Disorders Conference!

While this weekend will look a little different than conferences in the past, we are working to provide a fun, educational, yet safe weekend for the whole family!

Space is limited for social distancing protocols, so register early! It is possible that we will reach our capacity for registration before the registration deadline, depending on the number of registrations coming in. Sending your registration packet in before the deadline does not guarantee a spot to attend. It is first come, first serve, so please send your registration in as soon as possible!

Also new this year – ONLINE REGISTRATION! We have an online system that will allow you to register without all the paperwork!

<https://lonestableedingdisorders.org/texas-bleeding-disorders-conference-2022>

CDC guidelines will be in effect, as well as safety protocols put in place by the Marriott Hotels and both Chapters. At this time, masks will be required when participating in conference activities, following guidance from our Hemophilia Treatment Centers. These guidelines may change as the situation with COVID-19 changes. Updates will follow.

Registration Information

Online registration –

<https://lonestableedingdisorders.org/texas-bleeding-disorders-conference-2022>

1. – all sections of the registration and payment must be made in order for your registration to be considered complete.
2. If you prefer to pay by check or money order, please note that on your online registration, and mail a check payable to Lone Star Bleeding Disorders Foundation. When mailing, please include your family name. You do not need to include your online registration form. Mail to:

5600 Northwest Central Suite 140
Houston, TX 77092

3. After processing payment, you will receive a confirmation email that you are registered. If we have reached capacity, you will receive a waitlist notification.

*If you choose to register by mail, your registration will take longer. All forms and payment are required to be considered complete.

You will receive your hotel confirmation number and conference instructions closer to conference date.

Texas Bleeding Disorders Conference July 29-31, 2022
INDIVIDUAL & FAMILY REGISTRATION FORM

Register online or complete the application and mail to:

Lone Star Bleeding Disorders Foundation * 5600 Northwest Central Suite 140, Houston, TX 77092

Registration by EMAIL or FAX WILL NOT BE ACCEPTED this year!

Step 1: Family Registration

Family Last Name _____

Your Name _____

Affected by Bleeding Disorder or Caregiver? _____

If affected, which bleeding disorder are you diagnosed with ? _____

Dietary Restrictions _____

Spouse's Name _____

Affected by Bleeding Disorder or Caregiver? _____

If affected, which bleeding disorder are you diagnosed with ? _____

Dietary Restrictions _____

Child 1 Name _____ Age as of July 15, 2022 _____

If affected, which bleeding disorder are you diagnosed with ? _____

Gender _____ Date of Birth _____

Age group: (Circle one) under 6 months 6 months-2 years 3-5 years 6-9 years 10-13 years 14-17 years

List all medical conditions, allergies (seasonal, food, insect), etc and any other information necessary to ensure your child's safety during the conference

List all medications, including factor, that your child takes on a regular basis

Dietary Restrictions _____

Child 2 Name _____ Age as of July 15, 2022 _____

If affected, which bleeding disorder are you diagnosed with ? _____

Gender _____ Date of Birth _____

Age group: (Circle one) under 6 months 6 months-2 years 3-5 years 6-9 years 10-13 years 14-17 years

List all medical conditions, allergies (seasonal, food, insect), etc and any other information necessary to ensure your child's safety during the conference

List all medications, including factor, that your child takes on a regular basis

Dietary Restrictions _____

Child 3 Name _____ Age as of July 15, 2022 _____

If affected, which bleeding disorder are you diagnosed with ? _____

Gender _____ Date of Birth _____

Age group: (Circle one) under 6 months 6 months-2 years 3-5 years 6-9 years 10-13 years 14-17 years

List all medical conditions, allergies (seasonal, food, insect), etc and any other information necessary to ensure your child's safety during the conference

List all medications, including factor, that your child takes on a regular basis

Dietary Restrictions _____

Child 4 Name _____ Age as of July 15, 2022 _____

If affected, which bleeding disorder are you diagnosed with ? _____

Gender _____ Date of Birth _____

Age group: (Circle one) under 6 months 6 months-2 years 3-5 years 6-9 years 10-13 years 14-17 years

List all medical conditions, allergies (seasonal, food, insect), etc and any other information necessary to ensure your child's safety during the conference

List all medications, including factor, that your child takes on a regular basis

Dietary Restrictions _____

Child 5 Name _____ Age as of July 15, 2022 _____

If affected, which bleeding disorder are you diagnosed with ? _____

Gender _____ Date of Birth _____

Age group: (Circle one) under 6 months 6 months-2 years 3-5 years 6-9 years 10-13 years 14-17 years

List all medical conditions, allergies (seasonal, food, insect), etc and any other information necessary to ensure your child's safety during the conference

List all medications, including factor, that your child takes on a regular basis

Dietary Restrictions _____

Child 6 Name _____ Age as of July 15, 2022 _____

If affected, which bleeding disorder are you diagnosed with ? _____

Gender _____ Date of Birth _____

Age group: (Circle one) under 6 months 6 months-2 years 3-5 years 6-9 years 10-13 years 14-17 years

List all medical conditions, allergies (seasonal, food, insect), etc and any other information necessary to ensure your child's safety during the conference

List all medications, including factor, that your child takes on a regular basis

Dietary Restrictions _____

The undersigned parent/legal guardian of all children listed above hereby consents to allow this child to participate in the activities of the Lone Star Bleeding Disorders Foundation and Texas Central Bleeding Disorders Youth/Teen Program at the Texas Bleeding Disorders Conference in San Antonio, TX July 29-31, 2022. The undersigned parent/legal guardian does hereby release, hold harmless, and agree to indemnify the Lone Star Bleeding Disorders Foundation, Texas Central Bleeding Disorders, Corporate Kids, Inc, and the JW Marriott San Antonio Resort from any and all liability resulting from the participation of these children in the activities sponsored and conducted by the Lone Star Bleeding Disorders Foundation, Texas Central Bleeding Disorders, Corporate Kids, Inc, and the JW Marriott San Antonio Resort.

Signature _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Chapter Affiliation: Lone Star BDF Texas Central Bleeding Disorders

Spanish Translation Request – Number of Adults _____

El Paso Bus - # in family riding _____

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

Friday Lunch Symposium 1 PM Friday, July 29

We would like to attend the new Friday Lunch Symposium at 1:00 PM July 29th Yes No # of people _____

Step 2: Hotel Reservation

**LSBDF and TexCen will pay for one hotel room per family for Friday, July 29 and Saturday, July 30.
Each room will sleep 5 people, per hotel policy.**

Type of Hotel Room you will need for Friday and Saturday night:

Two Doubles One King Baby Crib request
(room configurations and crib is based on availability. We recommend bringing your own pack and play/portable crib if possible)

You will be responsible for any charges made to your room outside of the nightly rate. Parking will be covered by the Conference.

Step 2: Payment Information

Payment must be included with registration forms. If you would like to use the payment plan option, the first payment of \$33 is due with this registration.

No refunds will be made after July 15, 2022.

Please make checks payable to Lone Star Bleeding Disorders Foundation

_____ First Time Attendee

_____ **Family (Parents and Children)**

_____ **Individual Adult**

_____ **I would like to make a donation to provide a First-Time Attendee Scholarship for another family of \$_____**

Payment Method:

Payment Plan (\$33 each)

1st Payment Due May 1

2nd payment Due June 1

3rd payment Due July 1

Credit Card **Check** **Money Order** **Total:** _____

Credit Card Number _____

Exp Date _____ **Security Code** _____ **Billing Zip Code** _____

Name on Credit Card _____

Signature _____