

# 2019

July 19-20-21



# NATIONAL PATIENT EDUCATION CONFERENCE

## Chicago, Illinois

### CONFERENCE REGISTRATION

### THREE CONVENIENT WAYS TO REGISTER

1. Online at [scleroderma.org/conference](http://scleroderma.org/conference) by credit card only (*preferred method*)
2. Mail this form with payment (*check or credit card*) to:  
Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923
3. Call the Foundation, (800) 722-4673, and staff will assist you

**PLEASE NOTE: You must book your own hotel room at the conference hotel. Hotel information will be provided upon conference registration.** A non-refundable charge of one night stay plus tax is required to reserve a room. The group room rate is **\$199** plus tax per night. *Space is limited, so reserve early!* The discount rate applies to the conference dates plus three days before and after, subject to room availability. The rate is not guaranteed after June 24, 2019, nor if the reserved block of rooms has sold out.

REGISTRATION FEES <i>Please check box</i>	Early Bird <i>On or before 5/22/19</i>	Regular <i>On or before 6/24/19</i>	Late <i>On or after 6/25/19</i>
Members	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320
Non-Members	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$370
Corporate Attendees	<input type="checkbox"/> \$695	<input type="checkbox"/> \$725	<input type="checkbox"/> \$750
Meals Only	<input type="checkbox"/> \$165	<input type="checkbox"/> \$185	<input type="checkbox"/> \$205
Children 5-17 Years of Age	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115	<input type="checkbox"/> \$135

*The actual per person cost of hosting the conference is more than \$700.  
We thank our corporate sponsors and donors for helping to reduce the cost for participants.*

**Early bird** registrations MUST be postmarked on or before 5/22/19 and regular registrations on or before 6/24/19 to qualify for the discount.

#### Cancellation Policy:

- On or before 6/24/19, a cancellation fee of \$25 will be deducted from your refund.
- On or after 6/25/19, a \$75 cancellation fee will apply.

#### Membership:

To renew or begin your membership, the \$25 membership fee must accompany the conference registration and is in addition to conference registration fees. Memberships must be current or the \$25 membership fee must be included for the special membership rates to apply. Please note that if one person in a household is a member, each household member attending may register for the discounted rate.

Household Member's Name: \_\_\_\_\_

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### ATTENDEE INFORMATION

**ALL FIELDS REQUIRED. One form per person. Please print clearly.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

I am a first-time attendee at the conference

I have scleroderma. I have  localized scleroderma  systemic sclerosis

I am a caregiver

I am a parent or guardian of a juvenile attending; please list name(s): \_\_\_\_\_

I am staying at the hotel and have medical items that require electricity (e.g.: O<sup>2</sup> concentrator, fridge for meds, CPAP. This is for the foundation's internal use. Please make arrangements with the hotel as needed.)

I would like a vegetarian meal  I would like a gluten-free meal  
**(The Foundation endeavors to offer scleroderma-friendly meals including gluten-free options.)**

Conference T-Shirt Size: (Sizes are subject to availability)

(adult sizes)  XS  S  M  L  XL  2XL;  I do not wish to receive a T-shirt

Youth Conference Only (Youth Sizes):  S  M  L  XL  2XL;  I do not wish to receive a T-shirt

### PAYMENT INFORMATION

**US DOLLARS ONLY**

My Conference Registration Fee: \$ \_\_\_\_\_

I am paying by check (please make check payable to the Scleroderma Foundation)

I am paying by credit card:  VISA  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ CVV #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing address, if different than above:

Street: \_\_\_\_\_

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

Name as it appears on card: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Mail this form, ONE PER PERSON, to: Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923**

**PHOTOGRAPHY & MEDIA WAIVER:** The Scleroderma Foundation uses electronic, social media, and traditional media including, but not limited to: photographs, video, audio footage, and testimonials during the National Conference. All attendees, visitors, speakers, and guests are advised that during their attendance at the conference there will be photographs taken in addition to audio/video recordings of various activities, events, and sessions. Each registrant grants the Scleroderma Foundation **permission to photograph** them in any session and to use such photographs and the names of attendees in any materials that either represent the conference proceedings or discuss future conferences.

I AGREE

NO, I DO NOT WANT TO BE PHOTOGRAPHED OR VIDEOTAPED