



SCLERODERMA FOUNDATION 2016 NATIONAL CONFERENCE

JULY 29-31 | NEW ORLEANS, LA

SHERATON NEW ORLEANS HOTEL • 500 CANAL ST • NEW ORLEANS, LA 70130

You must make your own reservations for the hotel. Please call the Sheraton New Orleans Hotel directly at (888) 627-7033 and mention the Scleroderma Foundation or you may register online directly with the hotel. For the link, please visit our website at www.scleroderma.org/conference. The group rate is \$165 plus tax per night for a single or double room. Space is limited, so reserve early! The discounted room rate is available during the conference as well as 3 days before and after subject to availability and is not guaranteed after 7/07/16, nor if room block has sold out.

CONFERENCE REGISTRATION

REGISTRATION FEES <i>Please check box</i>	Early Bird On or before 5/31/16	Regular On or before 7/07/16	Late On or after 7/08/2016
Members	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Non-Members	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
Corporate Attendees	<input type="checkbox"/> \$495	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545
Meals Only	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145	<input type="checkbox"/> \$165
Children 5- 17 Years of Age	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95

FOUR CONVENIENT WAYS TO REGISTER

- Online at www.scleroderma.org (credit card only) Preferred Method
- Fax Registration Form to: 978-777-1313 (credit card only)
- Mail Registration Form and payment to: Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923
- Call the Foundation at (800) 722-4673 and the staff will be happy to assist you.

Cancellation Policy: On or before 7/07/16, a cancellation fee of \$25.00 will be deducted from your refund. On or after 7/08/16, a \$75.00 cancellation fee will apply.

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

To renew or begin your membership, the \$25 membership fee must accompany the conference registration and is in addition to the 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: _____

Early bird conference registrations **MUST** be postmarked or faxed on or before 5/31/16 and regular registrations on or before 7/07/16 for the discounted rate.

ATTENDEE INFORMATION

ALL FIELDS REQUIRED (One per person) Please print clearly.

First Name: _____ Last Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Contact Phone: _____ Date of Birth: _____

Are you a scleroderma patient? Yes Are you a caregiver? Yes Are you a Juvenile? (5-17 years of age): Yes

Are you a parent or guardian of a juvenile attending? Yes If yes, please list name(s): _____

Payment Method (U.S. Dollars Only) 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: _____

If billing address different than above, please provide address: _____

Name as it appears on card: _____ Signature (required): _____ Today's Date: _____

- I would like a vegetarian meal
- I would like a gluten-free meal
- I am a first-time attendee at the conference
- I will be attending Friday evening's reception/Opening Ceremony (included in registration fee.)
- I am a current support group leader
- I am a chapter board member
- I am a healthcare professional

Please indicate your tee shirt size:

XS _____ S _____ M _____ L _____ XL _____ 2XL _____
I do not wish to receive a tee shirt: _____
Sizes are subject to availability

The Scleroderma Foundation attempts to offer scleroderma-friendly meals including gluten-free options for all meals.

Mail this registration form, ONE PER PERSON, to Scleroderma Foundation, 300 Rosewood Drive, Ste. 105, Danvers, MA 01923, or fax to 978-777-1313. The Scleroderma Foundation uses electronic, social media, and traditional media to include, 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 as well as audio/video recordings made of various activities, events and sessions. Each registrant grants the conference permission to photograph participants in any session, and to use such photographs and the names of attendees in any materials which either represent the proceedings of the conference or discuss future conferences.

I AGREE I DO NOT WANT TO BE PHOTOGRAPHED OR VIDEOTAPED