



2009 Annual Conference  
and Get Together  
Dallas/Fort Worth, Texas  
July 30—August 2, 2009

**CONFERENCE REGISTRATION FORM**

- Yes, I plan to attend the 2009 Annual Conference and Get Together
- Members — registration fee \$150.00 USD (two adults and two children) \_\_\_\_\_
- Non-members — registration fee \$200 USD (two adults and two children) \_\_\_\_\_
- Each Additional Adult — \$50.00 USD each \_\_\_\_\_
- Each Additional Child — \$25.00 USD each \_\_\_\_\_
- No, I am unable to attend, please accept my donation in lieu of attendance \_\_\_\_\_

Please renew my annual membership at this time \$25.00 \_\_\_\_\_  
Total Enclosed \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Names of Adults who will be attending the conference	Relationship to 5p– Syndrome Child/Adult
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names of Children attending conference	Relationship to 5p– Syndrome Child/Adult	Age	Childcare	Sibling Event
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please let the **hotel** know if you need specific items such as cribs, roll-a-ways or refrigerators. There will be an additional cost for the roll-a-ways and refrigerators.

Items requested directly from hotel: Refrigerators \_\_\_\_ Cribs \_\_\_\_ Roll-a-way \_\_\_\_\_

Will you be needing a high chair for the banquet? Y/N

(providing us with this information will not guarantee you a high chair, however for planning purposes we will alert the hotel of the amount of highchairs needed for the event.)

**Photo Release:**

I/We give the 5p- Society authorization and/or permission to use any photograph and/or video tape of our immediate family who attends the 2009 5p- Society Annual Conference and Get-Together in Dallas/ Fort Worth, Texas for the purpose of promoting the 5p- Society or explaining Cri du Chat Syndrome. The 5p- Society will have ownership of the photographs and/or video tape and will not be used for any other purpose other than to promote the Society and its educational goals.

\_\_\_\_\_  
Signature date Signature date

Two ways to pay:

Check: USD funds made payable to 5p- Society

Credit Card: Type Mastercard or Visa

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

I agree to charge my credit card, number listed above, in the amount of \$ \_\_\_\_\_  
USD for registration fees for the 2009 5p- Society Annual Conference and Get-Together.

\_\_\_\_\_  
Signature date

Please fill out and return both pages of this form to:

5p- Society  
PO Box 268  
Lakewood, CA 90714

Any questions? Please contact the 5p- Society office (888) 970-0777 or [director@fivepminus.org](mailto:director@fivepminus.org).

If paying by credit card you can fax the form to (562) 920-5240.