



2010 Annual Conference and Get Together  
 Orlando, Florida  
 July 29 – August 1, 2010  
**"The Magic of Orlando"**



**CONFERENCE REGISTRATION FORM**

Yes, I plan to attend the 2010 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 \_\_\_\_\_

**\*\*\* If you are not staying at the Orlando Airport Marriott please add**

**\$100.00 to your registration fee** \_\_\_\_\_

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/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Names of All Adults who will be attending the conference

Relationship to 5p– Syndrome Child/Adult

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names of All 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 2010 5p- Society Annual Conference and Get-Together in Orlando, Florida 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 2010 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.

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

# COMMEMORATIVE 2010 CONFERENCE T-SHIRT

Celebrate the 25th Annual Conference with a Commemorative T-Shirt. The T-shirt will be Black with Silver writing and will list all the years and sites of the past twenty-five conferences on the back. The front will have the "Magic in Orlando" Sorcerers' Hat and Wand. T-shirts will be \$10 each. To guarantee your size please pre-order your t-shirts no later than June 25th. Payment does not have to accompany your pre-order but is appreciated. Payment can be made at the time of pick up. The Society will have a limited number of shirts to sell at the conference. If you are not attending the conference and would like to purchase a shirt please make sure you add in the shipping cost to your order (shipped T-shirts will have to be paid upon order). All other shirts will be available for pick up at registration. Volunteer T-shirts will be Gray with Black writing. Please indicate if you need a volunteer or attendee shirt. If you have any questions, please send an email to director@fivepminus.org or fax to (562) 920-5240.

SIZES	QUANTITY	
	Attendee	Volunteer
YS	_____	_____
YM	_____	_____
YL	_____	_____
YXL	_____	_____
AS	_____	_____
AM	_____	_____
AL	_____	_____
AXL	_____	_____
A XXL	_____	_____
Total:	_____	_____



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Total # of Shirts \_\_\_\_\_ x \$10.00 each = \_\_\_\_\_

Shipping fee (add \$5.00 for each 3 shirts) = \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Paid by  check  credit card  pay at conference

Credit Card Information: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Total Amt Charged: \_\_\_\_\_