



REGISTRATION FORM

IRSF 24th ANNUAL CONFERENCE - "TOGETHER WE ARE BETTER" - MAY 23 - 26, 2008
THE FAIRMONT HOTEL, CHICAGO, IL

Full Conference Fees:

\$250.00/person before April 15, 2008

\$275.00/person after April 15, 2008

Full conference registration fees include Friday Welcome Reception, Saturday, Sunday and Monday continental breakfast, Saturday and Sunday lunch, full registration and conference materials, plus access to all sessions.

Single Day Conference Fees (Saturday or Sunday):

\$150.00/person before April 15, 2008

\$175.00/person after April 15, 2008

Single day conference registration fees include continental breakfast, lunch, registration, conference materials and all-session access for that day.

CONFERENCE ATTENDEE INFORMATION

1. Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Child's Name _____ Child's Age _____

First Conference ☐ Yes ☐ No

Vegetarian Diet ☐ Yes ☐ No

2. Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Child's Name _____ Child's Age _____

First Conference ☐ Yes ☐ No

Vegetarian Diet ☐ Yes ☐ No

QUANTITY

___ Full Conference Registrations @ \$250.00/person before April 15 = \$ _____

___ Full Conference Registrations @ \$275.00/person after April 15 = \$ _____

___ One Day Conference Registrations @ \$150.00/person before April 15 = \$ _____
☐ Saturday ☐ Sunday

___ One Day Conference Registrations @ \$175.00/person after April 15 = \$ _____
☐ Saturday ☐ Sunday

SubTotal = \$ _____

Additional Items

Quantity ___ Tribute Dinner Tickets @ \$65.00/person

TOTAL = \$ _____

Please Note: Children under the age of 12 are not permitted in sessions or meals. Tribute Dinner tickets are limited in number and must be purchased separately and in advance.

I will e-mail my child's photo for Tribute video: ☐ Yes ☐ No
(Submission Deadline Date is April 18, 2008)

I will mail 3" photos of my child for photo buttons: ☐ Yes ☐ No
(Submission Deadline Date is May 9, 2008)

CARDHOLDER INFORMATION

First _____ Last _____

Address _____ City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Email _____

Credit Card Type ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number _____

Card Security Code _____ Expiration Date _____ Month/Year _____

Check Number _____ Check Date _____ Check Amount \$ _____

For additional Conference information, please contact Michelle McLean at 1-800-818-7388 or via email at mmclean@rettsyndrome.org; Mail completed form to: IRSF, 9121 Piscataway Road, Suite 2B, Clinton, MD 20735 or fax to 301/856-3336.

