

Melorheostosis Association Conference 2014 Registration Form
October 23 – 25, 2014 Doubletree Rochester, MN

Send in your check today to ensure your FREE spot at the conference! Fill out this form and mail it with a refundable deposit check or money order for \$200 per person to

Jen Gordy, President
Melorheostosis Association
2300 Walnut Street #342
Denver, CO 80205

Please make checks payable to:
Melorheostosis Association

**Name(s) and ages
of ALL attendees:**

Name of Melo Patient:

Address:

Email:

Phone:

Registration Fee:

All registration fees are waived this year due to the generous donations by the MeloFund! Please send in a deposit of \$200 per person that will be returned to you when you check in at the conference. This deposit secures your free registration* and hotel room for Thursday and Friday night. Failure to attend without canceling by September 19, 2014 will mean a forfeit of the pre-paid deposit.

*Registration includes hors d-oeuvres at the welcome reception Thursday night, breakfast Friday and Saturday, lunch Friday and Saturday, dinner Friday night and the conference meeting rooms.

Early Registration Fee (before September 19, 2014): \$200 per adult, \$100 per child (ages 5 – 12)

Regular Registration Fee (after September 19, 2014): \$300 per person, \$200 per child (ages 5 – 12)

Children under 5 are free

Do you or anyone in your group have special dietary needs? If so, please list here: _____

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Melo patient is interested in participating in the Patient Case Studies

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Please indicate the number of people attending:

_____ **Number of Adult Attendees (\$200 deposit per adult)**

_____ **Number of Child Attendees (\$100 deposit per child)**

Deposit Amount*: \$ _____ **TOTAL ENCLOSED**

*Deposit checks will be returned to all participants upon arrival to the conference

Do you wish to be included on our e-newsletter/receive information about future conferences? Yes _____ No _____ Already on List _____