



36TH NATIONAL CONFERENCE

June 30 – July 3, 2009 • Orlando, Florida

Registration Form

THREE EASY WAYS TO REGISTER

Online: <http://conference.spinabifidaassociation.org>

Fax: 518-399-3033

Mail: SBA, c/o Site Solutions Worldwide, P.O. Box 215, Burnt Hills, NY, 12027

REGISTRATION OPPORTUNITIES	Early Bird Discount (Register by May 31, 2009)	Regular Fee (Register after May 31, 2009)
<p>Full Conference Attendee or Kids!Camp Registration</p> <ul style="list-style-type: none"> Includes welcoming reception, admittance to all Conference sessions, and exhibit hall pass. Optional attendance to Adult Day (for 18+ year olds with Spina Bifida ONLY) Pricing is applicable for first three people in immediate family. 	\$350	\$410
<p>Additional Family Member Registration</p> <ul style="list-style-type: none"> Full Conference registration or Kids!Camp registration for immediate family members in excess of three persons. 	\$300	\$360
Don't forget to register for this amazing optional social event at the Conference.		
<p>Celebration Luncheon (Friday)</p>	\$35	\$35
Can't attend the entire Conference? Check out these other registration options.		
<p>One Day Conference Registration</p> <ul style="list-style-type: none"> Can be used for either Wednesday, Thursday, or Friday sessions. 	\$175	\$235
<p>Adult Day Only (Tuesday)</p> <ul style="list-style-type: none"> For 18+ year olds with Spina Bifida ONLY. Does not include full Conference registration. 	\$175	\$235



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CONTACT INFORMATION

Name: _____ **Address:** _____

City: _____ **State/Province:** _____ **Zip:** _____ **Country:** _____ **Phone:** _____

Email: _____ **Organization or SBA Chapter:** _____

I am a first time attendee to the Conference: Yes or No I am a speaker at the Conference: Yes or No

I would not like my information shared with Exhibitors: Yes or No Transportation to the Conference: Air Car Bus Train

How did you hear about the Conference?: Web Email Brochure Advertisement Article Previous Attendee Other

Signature for photo/video consent: _____
Signing indicates consent for all attendees on the form to be photographed and/or videotaped for promotional and/or educational purposes.

REGISTRATION INFORMATION

Attendee Name <i>(please include address if different from above)</i>	Program <i>(please indicate all that apply)</i>	Optional Event: Celebration Luncheon	Does this person have Spina Bifida?	Does this person use an assistive device? <i>(please list)</i>	Does this person have food restrictions? <i>(please list)</i>	Amount
	<input type="checkbox"/> Adult Full Conference Registration <input type="checkbox"/> Kids!Camp <input type="checkbox"/> One Day Conference Registration <i>(please specify day:_____)</i> <input type="checkbox"/> Adult Day *	<input type="checkbox"/> Celebration Luncheon	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	
	<input type="checkbox"/> Adult Full Conference Registration <input type="checkbox"/> Kids!Camp <input type="checkbox"/> One Day Conference Registration <i>(please specify day:_____)</i> <input type="checkbox"/> Adult Day *	<input type="checkbox"/> Celebration Luncheon	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	
	<input type="checkbox"/> Adult Full Conference Registration <input type="checkbox"/> Kids!Camp <input type="checkbox"/> One Day Conference Registration <i>(please specify day:_____)</i> <input type="checkbox"/> Adult Day *	<input type="checkbox"/> Celebration Luncheon	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	
	<input type="checkbox"/> Adult Full Conference Registration <input type="checkbox"/> Kids!Camp <input type="checkbox"/> One Day Conference Registration <i>(please specify day:_____)</i> <input type="checkbox"/> Adult Day *	<input type="checkbox"/> Celebration Luncheon	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ _____ <input type="checkbox"/> No	
Subtotal						
Add a yearly subscription to SBA's magazine Insights for \$25						
TOTAL						

*Price is complimentary with full Conference registration. If purchasing without a full Conference registration, please use pricing indicated under other registration options.

PAYMENT OPTIONS

Check is enclosed. Please make all checks payable to the Spina Bifida Association.

Please charge my credit card: Visa MasterCard American Express Discover Credit card number: _____

Name on card: _____ Security code (from back of card): _____ Expiration date: _____

Address on card (if different from above): _____

Signature: _____

All or a portion of my fees are being paid by an SBA Chapter or other organization. Please specify organization and amount: _____

Cancellation/refund policy: Cancellation must be received in writing. If received more than 30 days prior to the Conference date, it is subject to a \$25 fee. Cancellation received less than 29 days prior to the Conference date will be subject to a \$50 fee. Cancellation received less than 2 days prior to the Conference date will receive no refund.



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Kids!Camp Registration

Children of all ages with and without Spina Bifida have a place at our conference. Siblings with and without Spina Bifida are integrated into the Kids!Camp program. There is also a dedicated program for teens without Spina Bifida ages 13-19. Please answer each question completely. If the question does not apply to your child, indicate N/A in the space provided. As in the past, all Kids!Camp Programs will have a maximum capacity in order to ensure quality programming. Please reprint or copy this form for additional children.

CHILD # _____ OF _____

INFORMATION

Main Contact Name: _____ Child's Name: _____

Does this child have Spina Bifida? Yes or No Sex: Male or Female Age: _____ Date of Birth: _____

What program are you enrolling your child in? Infant/Toddler 0-2 yrs Preschool 3 yrs-Kindergarten Youth 1st grade-6th grade
 Teen with Spina Bifida 13-15 yrs Teen with Spina Bifida 16-19 yrs Brother & Sister without Spina Bifida 16-19 yrs

Diagnosis in addition to Spina Bifida: _____

Level of lesion: _____ Does your child have a feeding problem? Yes or No Is your child verbal? Yes or No

Primary method of mobility? Manual wheelchair Electric wheelchair Walks with assistive devices Walks unassisted

Can your child transfer from chair? Yes or No Does he/she need help or assistance? Yes or No

Does your child have allergies? Yes or No (If yes, please list) _____

Does your child have ADD/ADHD? Yes or No (If so, please explain behaviors that staff should be aware of.) _____

Does your child have seizures? Yes or No (If yes, please explain type, frequency, etc.) _____

Napping Time: _____ Napping Length: _____

Bowel/Bladder Information: (Infant/toddler and preschool program only. Youth cathed by age group once in a.m. and p.m.) In diapers Toilet trained Cathed
Please describe any specific routines: _____

CONSENT AND RELEASE *To be read and signed by parent/guardian. Parent with primary custody must sign.*

My child may be picked up from the Children's Program only by the following individuals:

Name:	Relation:	Name:	Relation:
1. I hereby consent for my child to attend and participate in the SBA Annual Kids!Camp Program and other sponsored activities; and			
2. I hereby consent for my child to be photographed/videotaped while attending the Kids!Camp Program and for such photographs/videos to be used for promotional and educational purposes; and			
3. I hereby consent for a licensed RN, LPN, or qualified Nurse's Aide to meet my child's catheterization needs. I will provide supplies needed for catheterization. I also consent to allow the nursing staff and other program staff to contact the community medical emergency services in the case of an emergency and when immediate medical care is necessary for my child in my absence. I will be solely responsible for the cost incurred if an emergency exists; and			
4. I hereby, for myself, my child, my heirs, administrators, personal representatives, executors and assignees, release and discharge the Spina Bifida Association, its employees, agents, volunteers, and contractors, and the Walt Disney World's property and management from all damages or causes of action, either at law or equity, which I may have or acquire or which may accrue to me, my child, my heirs, administrators, personal representatives, executors, and assignees as result of participation in the Kids!Camp Program including provision of any medical services being provided at the 2009 SBA National Conference.			

Signature of Parent/Guardian: _____ Date: _____

ALTERNATE EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Cell Phone: _____

Address: _____

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