



# REGISTRATION FORM

APRIL 21 – APRIL 22, 2018

DEADLINE FOR REGISTRATION IS March 28, 2018

**PLEASE NOTE** – There are limited number of rooms available for this event. If we reach our capacity prior to the deadline, you will be placed on a waiting list.

Registration Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List ALL family members who will be attending: (include the Registration Contact person)**

Name	Type/ Severity of Bleeding Disorder	Birthdate of Children (0-17 yrs.)	Relationship to person with bleeding disorder

**RESERVATION FEES (non-refundable)**

Fee - \$50.00 per family (1-5 attendees) Fee - \$80.00 per family (6-8 attendees) Fee - \$125.00 per family (over 8 attendees)

**Reservations will not be made until payment is received**

\_\_\_\_ Check \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Discover

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verification Code (CVV) \_\_\_\_\_

Due to travel distance (in excess of 150 miles one way) we would like to request a room for Friday night. Yes No

Do you require a refrigerator in your room for medical purposes? Yes No

For dinner on Saturday night please indicate the number of people requesting **Chicken with Basil Cream or Vegetable Lasagna** (Note: all kids under the age of 12 will have a kids meal provided for them): Chicken \_\_\_\_\_ Veg. Lasagna \_\_\_\_\_

Please indicate the number of people who wish to take part in the Family Fun Bowling Night on Saturday: \_\_\_\_\_

Do you or any of your family have any other special requirements we need to be aware of? (Please indicate which family member it applies to) \_\_\_\_\_

**Please return forms to:**

Bleeding Disorders Alliance Illinois

210 S. DesPlaines St. Chicago, IL 60661-5500 P: 312.427.1495 F: 312.427.1602

*Thank you for your interest. We look forward to your participation in this program.*