



INTERNATIONAL FAMILY CONFERENCE

Hilton Orange County/Costa Mesa

July 17-19, 2009

(800) 562-6265

REGISTRATION FORM

Families and Professionals

(Please Print)

Name of Person Completing Form: _____

Address: _____
Street Address *State or Province* *Postal Code or Zip*

Country: _____ E-Mail: _____

Daytime Phone: _____ Cell Phone: _____

CONFERENCE FEES:

Early Bird Registration Must Be Received by May 29, 2009. Conference will be Friday-Sunday and includes 4 meals, opening reception, children's programs, and childcare.

Age Groups	Early Bird Registration	After May 29 or at the door
Adult (19+)	\$ 85.00	\$110.00
Child (4-18)	\$ 25.00	\$ 35.00
Age 3 & Under	Free	Free

PAYMENT METHOD:

There are 4 Ways to Register and Pay:

1. Complete Online Registration and Pay by Credit Card (*VISA, MasterCard, American Express*)
2. Mail or Fax Print Copy of the Registration Form and Send Check.
3. Mail or Fax Print Copy of the Registration Form and Send Purchase Order.
4. Register and Pay the Higher Cost at the Door.

Please make check or purchase order payable to NAPVI. Cash, credit card, purchase order, or check will be accepted at the onsite registration. No refunds will be made.

MAIL PAYMENT AND REGISTRATION FORM TO:

NAPVI (Attention: Susan LaVenture)

P.O. Box 317, Watertown, MA 02471

Note: The special hotel room rate will be available until June 19, or until the group block is sold out, whichever comes first. Please make your hotel reservations as soon as possible at (714) 540-7000 or www.orangecountycostamesa.hilton.com

REGISTRATION:

NAPVI members will receive a 10% discount on the total registration cost for the 2009 Family Conference. Note: Membership in NAPVI would be \$40.00 for an individual (professional, grandparent or other extended family member) or \$40.00 for a family of a child with a visual impairment (parents/guardians and their children).

Only complete directory information if you are joining or renewing NAVPI:

Name: _____

Address: _____
Street Address State or Province Postal Code or Zip

Country: _____ E-Mail: _____

Daytime Phone: _____ Evening Phone: _____

▪ # _____ Adults (19+) @ \$ _____/Each = \$ _____

▪ # _____ Children (4-18) @ \$ _____/Each = \$ _____

▪ # _____ Children 3 & Under (Free)

▪ # of new or renewing NAPVI memberships _____ @ \$40.00/Each = \$ _____

▪ Current members, please include your NAPVI 10 digit membership number: _____

Subtotal: \$ _____

NAPVI Member Discount (10% on Subtotal Cost): \$ _____

Grand Total: \$ _____

CHILDCARE SERVICES

IMPORTANT!

Once you have completed this registration form, you should go to the "Child Information Section" and download the "Child Background Information" form at www.familyconnect.org.

▪ If you want childcare during the conference, you must complete this form.

▪ The *Child Background Form* must be completed for each child attending the conference.

REGISTRATION DETAILS:

Names will be used on pre-printed name tags. Please list all Adults attending and check-off selection where appropriate (Please Print):

Name(s) of Adults (Ages 19+)	Select One	Sign Language Interpreter	Language Interpreter	Reading Format	Dietary Needs	Family Outing (Saturday Night)
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

REGISTRATION DETAILS:

Names will be used on pre-printed name tags. Please list all Children attending and check-off selection where appropriate (Print):

Name(s) of Children (Ages 0-18)	Age	Childcare Needed	Reading Format	Dietary Needs	Paralympics (Saturday Day)	Family Outing (Saturday Night)	Child's Shirt Size
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Adaptive sports for ages 8-17 No experience is necessary</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Adaptive sports for ages 8-17 No experience is necessary</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Adaptive sports for ages 8-17 No experience is necessary</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Adaptive sports for ages 8-17 No experience is necessary</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Braille Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Adaptive sports for ages 8-17 No experience is necessary</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small

MEALS:

Please indicate the number of people attending who will need meals (Children 0-3 eat free):

- **Friday Opening Reception** # of Adults (19+) Attending: _____
of Children (4-18) Attending: _____
- **Saturday Breakfast** # of Adults (19+) Attending: _____
of Children (4-18) Attending: _____
- **Saturday Lunch** # of Adults (19+) Attending: _____
of Children (4-18) Attending: _____
- **Saturday Night Outing** # of Adults (19+) Attending: _____
of Children (4-18) Attending: _____
of Children (0-3) Attending: _____
- **Sunday Breakfast** # of Adults (19+) Attending: _____
of Children (4-18) Attending: _____

EYE NETWORK SESSION:

Parents are encouraged to attend the Eye Condition and/or Disability Network Session on Saturday at 10:15 AM, parents/grandparents, please check the group you would like to attend.

- | | |
|---|---|
| <input type="checkbox"/> Achromatopsia | <input type="checkbox"/> Retinal Conditions |
| <input type="checkbox"/> Albinism | <input type="checkbox"/> Retinitis Pigmentosa |
| <input type="checkbox"/> Aniridia | <input type="checkbox"/> Retinoblastoma |
| <input type="checkbox"/> Anophthalmia/Microphthalmia | <input type="checkbox"/> Retinopathy of Prematurity |
| <input type="checkbox"/> Cataracts & Glaucoma | <input type="checkbox"/> Stargardt's Disease |
| <input type="checkbox"/> CHARGE | <input type="checkbox"/> Deaf-Blind |
| <input type="checkbox"/> Coloboma | <input type="checkbox"/> Leber's Congenital Amaurosis |
| <input type="checkbox"/> Cortical Visual Impairment | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Corneal Disease | <input type="checkbox"/> Grandparent to Grandparent Support |
| <input type="checkbox"/> Optic Nerve Atrophy/Hypoplasia | <input type="checkbox"/> Other Visual Conditions: _____ |

If there is further registration information you feel we need to have, please explain:

Please make check or purchase order payable to NAPVI

MAIL PAYMENT AND REGISTRATION FORM TO:

**NAPVI (Attention: Susan LaVenture)
P.O. Box 317, Watertown, MA 02471
FAX: (617) 972-7444**