



2020 Conference Registration Form

This registration form is for those who would like to **pay by check**. Please use one of the links below to register online.

Early Bird Registration:

Family (5p- Society Members): \$200.00 for up to four people. \$50.00 for each additional individual (<https://5psociety.regfox.com/2020-5p-conference-member---family-registration>) \$250 after July 1, 2020

Family (Non-Members): \$250.00 for up to four people. \$50.00 for each additional person (<https://5psociety.regfox.com/2020-5p-annual-conference-non-member-family-registration>) \$300 after July 1, 2020

Individual (5p- Society Member): Individual only, no add ons \$100.00. (<https://5psociety.regfox.com/2020-5p-annual-conference-member-individual-registration>) \$150 after July 1, 2020

Individual (Non-Members): Individual only, no add ons \$150.00 (<https://5psociety.regfox.com/2020-5p-annual-conference---individual-non-member-registration>) \$200 after July 1, 2020

We recognize that some adults with Cri du Chat Syndrome may need a soft meal and the children’s meal would be a better choice for them. If this is the case, please indicate under "Special Dietary Needs." Please fill out completely for each person who is attending. If you require additional information, please send an email to director@fivepminus.org.

T-shirts

T-shirts may be ordered below. If you are not attending the conference, please check the box below that says T-shirt order only. To guarantee your t-shirt order is received, please submit no later than June 25, 2020.. There will be a limited supply of extra shirts at the conference for purchase. However, to guarantee your size, please order below. T-shirts will be delivered at the conference, or will be shipped out after the conference.

If you have any questions about this conference registration, please call 1-888-970-0777.

Please fill out the following Registration information:

Registration Type: (x)	Individual Member: (\$100/\$150)	Individual Non-Member: (\$150/\$200)	Family Member (\$200/\$250):	Non-Member (\$250/\$300):
Name:			Phone No:	
Address:			Email:	
City:			Province/State:	
Zip Code:			Country:	

Tell us who is coming

	Name	Relationship to Individual with Cri du Chat Syndrome	Dietary Needs	T-shirt Size
Individual 1				
Individual 2				
Individual 3				
Individual 4				

Additional Individuals

	Name	Relationship to Individual with Cri du Chat Syndrome	Dietary Needs	T-shirt Size
Individual 5				
Individual 6				
Individual 7				
Individual 8				
Individual 9				
Individual 10				
Individual 11				
Individual 12				

For any of the above individuals who are children please fill out the following:

Name	Child's Age	Child Care? Y or N	Sibling Outing (siblings only) Y or N	Meal Selection (Child or Adult)

T-Shirts are \$10.00 each. Please indicate how many T-Shirts you have ordered:

of T-Shirts x \$10.00 _____

Family Fun Event will be held at the Eaglewood Resort & Spa. The cost to attend will be \$3.00 per person to assist in paying food. Individuals with Cri du Chat Syndrome will be free to attend. There will be an array of events to participate in.

of Park Tickets _____

Photo Release:

I/we acknowledge that I may be photographed, or recorded. I hereby release to the 5p- Society all proprietary rights and copyrights in all such photographs, digital images, voices, recordings, actions, films and likenesses (including negatives, positives and prints) which shall be and remain the property of the 5p- Society. I understand that this material may be used in various publications, public affairs releases, recruitment material, and broadcasts or for other related endeavors. This material may also appear on the 5p- Society’s website, and other public social media sites.

I expressly release the 5p- Society, its directors, officers, employees, agents and volunteers, from any and all claims, including copyright and privacy, arising out of any reproduction, broadcast, distribution, publication, or promotion of this event.

Signature

Signature

For planning purposes, please indicate your child’s deletion type: “de novo”, unbalanced translocation, mosaic, unknown or other: _____

Information to help us plan a little better

- Will you be driving or flying? _____
- Are you staying at the Hilton Costa Mesa or off site? _____
- Did you order a crib from the hotel? _____
- Did you order a refrigerator from the hotel? _____
- Do you need a high chair? _____

You may also renew your membership with the 5p- Society along with your registration. If you are not a member, you can pay the annual \$25.00 membership fee now and pay the Member Registration of \$200.00 (this saves you \$50.00). We may also pay three years of your membership fee and save \$5.00 by paying \$70.00.

Please proceed to the recap page for your total

Let's add it all up!

Registration Fee	Individual Member Individual Non-Member Family Member Family Non-Member	\$100.00 (\$150) \$150.00 (\$200) \$200.00 (\$250) \$250.00 (\$300)	
Additional Individuals	#	\$50.00 each	
T-Shirts	#	\$10.00 each	
Family Event Tickets	#	\$3.00	
Membership Dues (optional)	1 Year 3 Years	\$25.00 \$70.00	
Donation in Lieu of attending			
		Total	

Please make a check or money order (US Dollars):

5p- Society
PO Box 268
Lakewood, CA 90714

Questions or concerns: Please call 888-970-0777 or email director@fivepminus.org

Please return all 4 pages of your registration form.

Thank you!!!