

**2010 SSSA CONFERENCE REGISTRATION FORM**  
**Arlington, Texas, USA**  
**July 9 – 11, 2010**  
**Registration Deadline July 2, 2010**



**CONFERENCE INCLUDES:**

- Friday Evening Family Banquet, Entertainment, Networking, Silent Auction
- Saturday Child Care or Adult Assisted Care including age-appropriate activities and lunch
- Saturday Presentations, Workshops and Lunch for adults
- Sunday Morning Breakfast, Child Care, General Session and Doctors' Panel
- Private Doctor Appointment/Consultation

**Payment per Person**  
**Before May 15**  
**\$125 USD**  
**On or After May 15**  
**\$140 USD**

	Last Name	First Name	Sotos? Y or N	Child-Care? * Y or N	Child Age	
Adult #1					n/a	\$
Adult #2					n/a	\$
Adult #3					n/a	\$
Child #1				Yes		\$
Child #2				Yes		\$
Child #3				Yes		\$

\* Adults with Sotos syndrome who will participate in child care activities (in particular the Saturday field trip) must answer "yes", or supervision will not be guaranteed.

**SSSA MEMBERSHIP DUES**

Membership in the SSSA is required in order to attend the conference.

<input type="checkbox"/> I am <b>not a member</b> of the SSSA. I am enclosing an additional \$35 USD with my registration.	
<input type="checkbox"/> I am a <b>current member</b> but have not yet paid my <b>2010</b> annual membership dues. I am enclosing an additional \$35 USD with my registration.	\$

**PRIVATE DOCTOR'S APPOINTMENT (Please circle your answers)**

Yes    No    Is this your first conference?  
 Yes    No    Would you like a free, private doctor's appointment?  
 If so, please circle your doctor preference.      Dr. Schaefer      Dr. Cole      No Preference

**PRIVACY QUESTIONS (Please circle your answers)**

Yes    No    Do you grant the SSSA permission to share your contact information and use images of your family with other SSSA members?  
 Yes    No    Do you grant the SSSA permission to share your contact information and use images of your family with SSSA approved researchers?  
 Yes    No    Do you grant the SSSA permission to use images of your family to further the mission of the SSSA with the general public? For example, promotional materials, public displays, publications, news releases and educational purposes relating to the SSSA?

**CONTACT INFORMATION**

Contact Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 E-mail \_\_\_\_\_

<b>TOTAL PAYMENT ENCLOSED (check or money order in US dollars only).</b>	<b>\$</b>
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**Mail with payment to:**  
**SSSA**  
**Attention: Joanne Weick**  
**5 Karen Court**  
**Hawthorn Woods, IL 60047**

**Remember to make your hotel reservation by June 8, 2010!**  
**Sheraton Arlington Hotel 1-800-442-7275 or (817) 261-8200**