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Connections 2008: A Conference for Patients and Families

Registration and Request for Childcare

The Cleft Palate Foundation is pleased to present **Connections 2008: A Conference for Patients and Families** on Saturday, April 12, at the Loews Philadelphia Hotel, Philadelphia, Pennsylvania. Care and activities for children will be available throughout the day. Registration fees include programming, T-shirt, snacks and lunch. Please mark your calendars and make plans to join us! *Please complete each section, below, then fax, email, or mail it to us via the contact information at left.*

Section I Name and Contact Information

Name _____
as it will appear on badge

Name _____
if additional person is attending

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email _____

Patient's Name _____

Age _____ Craniofacial Diagnosis _____

May we include your name and contact information in a Connections 2008 directory? Yes No

What particular areas of interest would you like to have addressed during Connections?

Section II Childcare

Childcare will be provided Saturday 8:30 AM until 5:00 PM for children ages 2-11 at a cost of \$10.00 per child. *Children are always welcome to join their parents at any time during the day.*

I plan to bring my child(ren).* Please list names and ages:

I plan to bring my teenager(s). Please list names and ages:

My elementary age or pre-teenage child enjoys group or individual activities such as:

My teen would be most interested in discussing:

Section III Restrictions and Accommodations

Will any member(s) of your party benefit from physical accommodations such as wheelchair access, American sign-language translations, or other resources? Are there dietary or food-allergy issues for which we might prepare? Please describe.

Section IV Payment and Fees

One Person \$30.00 \$ _____
 t-shirt size: S M L XL

Second Person \$20.00 \$ _____
 t-shirt size: S M L XL

Childcare \$10.00 per child \$ _____
 child's t-shirt size: S M L

I would like to make a tax-deductible donation to the Cleft Palate Foundation. \$ _____
(Made in honor or memory of someone? Call us!)

TOTAL \$ _____

Signature _____

Date _____

The Cleft Palate Foundation is pleased to accept credit cards, checks, and money orders (drawn on US institutions, please).

Credit card payments may be faxed to 919.933.9604. Registrations mailed after April 1 should be confirmed by an email or phone call: 1.800.242.5338 or info@cleftline.org. Credit card payments as well as those by check or money order may also be mailed to:

Cleft Palate Foundation
 1504 East Franklin Street, Suite 102
 Chapel Hill, NC 27514

Visa Mastercard Exp. Date ____/____

Card Number _____