



Focus on Technology

www.childrenwithdiabetes.com

Conference Registration Form

Renaissance Chicago North Shore Hotel
April 24-26, 2009

Primary Contact Name: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code _____

Email Address: _____ Phone: _____

- * Early family registration (before January 31, 2009) \$275
- * Regular family registration (February 1 – April 10, 2009) \$300
- * On site family registration \$350, space permitting (please call ahead to assess availability: 734-353-9294)
CWD regional conferences generally sell out several weeks before the deadline. Early registration is highly recommended.
- * Professional or single registration \$150 (just one person attending) CEUs are not offered.

Family Registration includes 2 adults and up to 3 accompanying children under age 18. Additional adults are \$50 per person. Additional children are \$25 per person (2 and under free).

Family Information (Please include every person attending)

First Name	Last Name	Date of Birth	If under 18, age of child	Food allergy or dietary restriction such as celiac, peanut allergy, or vegetarian?
Registration (early, regular, late)				\$
Extra adults/children (\$50/\$25) or Extra shirts				\$
Grand Total				\$

Who has type 1 diabetes in your family (among those attending)?

Who has type 2 diabetes in your family (among those attending)?

Registration for all participants includes:

- **Friday evening reception**
- **Buffet breakfast Saturday and Sunday**
- **Mid-morning and mid-afternoon snack breaks Saturday and Sunday**
- **Lunch Saturday and Sunday and dinner Saturday**
- **All sessions for adults, teens, and school-age children**

T-Shirts:

Please enter quantity. Include one shirt for each person attending. Additional shirts may be purchased on the registration form and are \$15 each. Shirts will not be available for sale at the conference.

T-shirts

Adult Small Med Large X Large XX Large
Child Small Med Large

Method of payment:

Visa MasterCard AMEX Check made payable to Children with Diabetes

Credit Card # _____ Security Code: _____ Expiration Date: _____

Name as it appears on the card: _____

Billing address for credit card (if different than above): _____

Signature: _____

Please mail your registration to:
Laura Billetdeaux
Children with Diabetes
18378 Herman Rd.
Manchester, MI 48158

Or fax your registration form to Laura Billetdeaux at 734-428-0106.

You will receive a printed confirmation in the mail within two weeks. If you do not receive a confirmation, please email to make sure your fax or mail was received (we do believe in technology, but things don't always go through!).

Please note that your email address was requested in order to add you to the conference mailing list maintained by Laura Billetdeaux. This is our primary way of sharing conference updates with you, and it is the only way we will keep you updated regarding schedule or program changes. We will not share this information with anyone, and the mailing list will end after the event.

For more information, please refer to the website: www.childrenwithdiabetes.com/activities/Chicago2009. Be sure to scroll to the bottom of the page for links on the program, faculty, and other information. Space is limited. Please register early!

Cancellation policy:

Cancellations prior to April 1, 2009 will be refunded minus a \$50 processing fee. After that date, no refunds are available.