

Conference Registration Form
Colorado Springs Sheraton Hotel
May 13-15, 2005

Primary Contact Name: _____
 Street Address: _____
 Street Address 2: _____
 City: _____ State: _____ Zip Code _____
 Email Address: _____ Phone: _____

- * Early registration (before March 1, 2005) \$225
- * Regular registration (March 1, 2005 – May 5, 2005) \$250
- * On site Registration \$275 (please call ahead to assess availability: 734-428-8265 or cell 734-353-9294)

These rates are per family. Family Registration includes 2 adults and up to 3 accompanying children under age 18. Additional adults are \$25 per person. Additional children are \$10 per person (2 and under free).

Family Information (Please include every person attending)

First Name	Last Name	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 (\$25/\$10)			\$
Tax deductible donation to the Children with Diabetes Foundation			\$
Grand Total			\$

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
- All sessions for adults, teens, and school-age children

Method of payment:

Visa ___ MasterCard ___ Check made payable to Diabetes123 ___

Credit Card # _____ 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
 Events Coordinator
 Children with Diabetes
 18378 Herman Rd.
 Manchester, MI 48158

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

For more information, please refer to the website: www.childrenwithdiabetes.com/activities/colorado2005. Be sure to scroll to the bottom of the page for links on the program, faculty, and other information. Or call 734-428-8265.

Space is limited. Please register early!