



Conference Registration Form
Westin Grand, Washington, D.C.
September 3-5, 2004

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

- * Early registration (before July 1, 2004) \$225
- * Regular registration (July 1, 2004 – August 31, 2004) \$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

