

PRE-REGISTRATION FORM (Deadline July 6, 2007)
14th International Scientific Meeting,
The Velo-Cardio-Facial Syndrome Educational Foundation, Inc.
July 20 - 22, 2007 ~~~ Plano, Texas

Name: _____
 first middle initial last

Address: _____

Home Phone: _____ Work Phone: _____

Please include area code and extensions; if not in U.S./Canada, include country & city code

Fax: _____ E-mail: _____

I am a member of the Foundation: yes _____ no _____ Lay _____ Professional _____

If you are not a member, go to www.vcfsef.org for a membership form and at registration you will be eligible for the member's registration fee

Accommodations: The meeting will be held at the Marriott Dallas/Plano at Legacy Town Center, Plano, Texas. Contact the hotel directly for reservations by calling 1-800-433-5677 or (817) 870-1000. Mention that you are attending the VCFSEF meeting for the special discount rate of \$109 plus tax for a single, double, triple or quad room. The special rate is available until Thursday, June 28. There is a heated outdoor swimming pool, work-out center, on-site restaurants, and many shops and restaurants within steps of the hotel. If you have any questions, contact the Foundation at info@vcfsef.org.

Registration Fees: Registration includes attendance at the meeting, continental breakfast Friday, Saturday and Sunday, lunch on Friday and Saturday, refreshment breaks, and (for the first adult registrant only) welcome material and printed abstract book. The annual dinner is a separate fee. Enclose a check or money order in US funds made out to The Velo-Cardio-Facial Syndrome Educational Foundation. For registrants from outside of the U.S., please send a bank draft payable in U.S. dollars. You may also pay by Visa or MasterCard or by PayPal.

Single registration, member	\$130.00 _____
Each additional adult in same family (please list names below)	\$100.00 _____
Each child 3 years to 15 years of age (under 3, no charge)	\$75.00 _____
Single day registration:	\$100.00 _____
For nonmembers, add \$50.00 per person	# Nonmembers ___ x \$50 _____
Registration at door (after July 6), add \$25 per person	# Late registration ___ x \$25 _____
Optional Friday Night Welcome Dinner (Texas Bar-b-q with Dallas Cowboy Cheerleaders and other surprises):	
16 years and older _____	\$25.00 _____
3 to 15 years (under 3, no charge)	\$18.00 _____
Total	\$ _____

Please list all family members to be registered (family registrations only). **INCLUDE AGES OF CHILDREN:**

Please indicate the private consultation(s) in which you are interested:

Speech _____ leg pain _____ Education _____ Behavior _____ Feeding _____

I am interested in a teen/young adult get-together _____

LIST NAME AND AGE OF EACH TEEN/YOUNG ADULT:

I am interested in a get-together for siblings of children with VCFS _____

LIST NAME AND AGE OF EACH SIBLING:

I am interested in child care during the meeting (no additional charge) _____

LIST NAME AND AGE OF EACH CHILD FOR WHOM CHILD CARE IS DESIRED:

Send checks with completed form made payable to: Velo-Cardio-Facial Syndrome Educational Foundation, Inc.

Address: PO Box 874, Milltown, New Jersey 08850. Receipts will be available at the door.

Preregistration forms and payment must be received no later than July 6, 2007. After that, please bring the registration and fees to the meeting on day of attendance.