

## PREREGISTRATION FORM

12<sup>th</sup> Annual International Scientific Meeting, July 7 - 9, 2006, Strasbourg, France

The Velo-Cardio-Facial Syndrome Educational Foundation, Inc.

Hosted by Génération 22 and the VCFSEF European Network

Please return this form by 1 June 2006. After that date, register at the meeting

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 \_\_\_\_\_

I am a professional interested in VCFS \_\_\_\_\_

I am a person with VCFS or a parent, relative, or friend of someone with VCFS \_\_\_\_\_

*If you are not a member, go to [www.vcfsef.org](http://www.vcfsef.org) for a membership form, send it with the registration. You will be added to our membership list.*

**Accommodations:** The meeting will be held at the University of Strasbourg beginning Friday morning, 7 July 2006 until midday Sunday 9 July 2006. The specific address is: Pôle Européen de Gestion et d'Economie, 61 avenue de la Forêt Noire Strasbourg. The location of the meeting hall is shown on a map on the web site of the VCFSEF and Génération 22. There are many hotels within walking distance or a short tram ride from the meeting hall. These are listed on the web sites of the VCFS Educational Foundation and Génération 22.

**Registration Fees:** *Registration includes attendance at the meeting, lunch on Friday and Saturday, and refreshment breaks. The annual dinner Saturday night is a separate nominal fee. Enclose a check or money order made out to **The Velo-Cardio-Facial Syndrome Educational Foundation, Inc.** For registrants from the U.S., please send a check payable in U.S. dollars. You may also pay by Visa or MasterCard online at the Foundation web site using PayPal.*

Single registration €35 (\$42 U.S.) \_\_\_\_\_

Children age 11 – 18 years €15 (\$18 U.S.) \_\_\_\_\_

Children 3 to 11 years of age (under 3, no charge) €10 (\$12 U.S.) \_\_\_\_\_

Children 3 to 18 years with VCFS no charge, but indicate name and age below

Optional Saturday Night Dinner: €15 (\$18 U.S.) per person \_\_\_\_\_

Children 3 – 10 years of age (under 3, no charge) €10 (\$12 U.S.) \_\_\_\_\_

**Total Enclosed \$** \_\_\_\_\_

**List the names of all registrants and their ages if under 18 years. Include the names of all children:**

**If you would like to be a part of the Consultations with the Experts, please check below:**

*I would like my child seen by a speech expert* \_\_\_\_\_ *I would like my child seen by the leg pain expert* \_\_\_\_\_

*I would like my child seen by the feeding expert* \_\_\_\_\_ *I would like my child seen by the behavioral expert* \_\_\_\_\_

*I am interested in a teen/young adult get-together* \_\_\_\_\_

*I am interested in child care* \_\_\_\_\_ *Please list the number of children and their ages* \_\_\_\_\_

I am a member of the following VCFS/22q11.2 support group or professional group:

Name of group \_\_\_\_\_ Country \_\_\_\_\_

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

- **Address:** PO Box 874, Milltown, New Jersey 08850. In Europe, you may send checks to:
- GÉNÉRATION 22 – Congrès, 24 rue Constant Strohl, F- 67000 STRASBOURG

If you want confirmation of registration, return the enclosed card by post (not available for online registration) or email the Foundation at [kgkushner.vcfsef.org](mailto:kgkushner.vcfsef.org) with the subject line "Confirm registration."