



**REGISTRATION FORM**  
**Velo-Cardio-Facial Syndrome Educational Foundation, Inc.**  
**15<sup>th</sup> International Scientific Meeting**  
**July 18-20, 2008 ~ Troy, Michigan, USA**

**Name:** \_\_\_\_\_  
First Last Professional Title (optional)

**Mailing Address:** \_\_\_\_\_  
 home  work

\_\_\_\_\_  
City State / Province Postal Code Country (if not USA)

**Primary E-Mail:** \_\_\_\_\_

**Contact Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_  
Area or Country Code

**Accommodations:** The meeting will be held at the *Hilton Detroit/Troy-Auburn Hills*. The special room rate is \$95.00 per night for our members. Use discount code **VEL**. Contact the hotel directly for reservations at **248-879-2100**.

**Registration fees:** include attendance at the meeting, welcome materials and printed abstract book for the first registrant, daily continental breakfasts, refreshment breaks and lunch on Friday and Saturday.

**Pre-Registration Deadline: July 3, 2008**

Online Registration preferred. Go to: <http://vcfsef08troy.eventbrite.com> Full credit card payment options available online only.  
**NOTE:** Registration after July 4, 2008 and at the conference may be available on-site on a first-come, first-served basis for an additional \$25 per adult, \$15 per child (6-15yrs)

**Single Registration: member or student** \$ 140 \_\_\_\_\_  
 Additional Adult(s) or teen 16 yrs or older in same family\* # \_\_\_\_ x \$ 120 = \_\_\_\_\_  
 Each Child 6 to 15 years of age (under 6 yrs, no charge)\*\* # \_\_\_\_ x \$ 80 = \_\_\_\_\_  
 Single-Day Registration: member or student # \_\_\_\_ x \$ 120 = \_\_\_\_\_  
 For nonmembers, add \$50.00 per person # \_\_\_\_ x \$ 50 = \_\_\_\_\_

**Optional Friday Night Annual Welcome Dinner:**  
 13 years and older \_\_\_\_\_ # \_\_\_\_ x \$25 = \_\_\_\_\_  
 6 years to 12 years (5 years & younger, no charge) # \_\_\_\_ x \$15 = \_\_\_\_\_

**MAKE A DONATION** to assist a family attend conference \$ \_\_\_\_\_  
 In Honor of \_\_\_\_\_ \$ \_\_\_\_\_  
 In Memory of \_\_\_\_\_ \$ \_\_\_\_\_

Make checks payable to: **VCFSEF, Inc** **Total Enclosed \$** \_\_\_\_\_

Send completed form and payment to: **VCFS Educational Foundation, Inc, PO Box 874, Milltown, NJ 08850.**

**Is this your FIRST TIME attending a VCFSEF conference? YES / NO**

\*Each **additional registering adult and teens 16yr+** in same household (first & last name):  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*\*Indicate the **first & last name and age of each child** (with & without VCFS) who will be attending.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Kids Zone** is a supervised childcare program of activities and events for children during the meeting.

Please indicate interest in attending (check all that apply):  
 Teen get together (VCFS youth 11-14 yrs )  
 Young adult get together (VCFS 15 yrs and older)  
 Siblings of children with VCFS get together (10yrs & older)

**Brief private consults with experts in speech, leg pain, education, behavior, and feeding will be available.**

Confirmation, payment receipts and any additional conference information will be sent to the email provided or by request at registration at the conference.

For more information: [conference@vcfsef.org](mailto:conference@vcfsef.org)  
 (732) 238-8803 or 1-866-VCFSEF5  
 Visit [www.vcfsef.org](http://www.vcfsef.org) for Online Registration, Conference Agenda & Updates