



Texas Bleeding Disorders Conference 2010 Event Summary

What: The Texas Bleeding Disorders Conference is a joint collaboration between the Lone Star Chapter of the National Hemophilia Foundation in Houston and the Texas Central Hemophilia Association in Dallas. The conference is being held for the benefit of the bleeding and clotting disorders community in Texas. We are anticipating over 800 people in attendance for the weekend. We will have an exhibit hall, where our industry representatives can meet the community, and many educational seminars and break-out sessions over the course of the weekend.

We are providing lodging for Friday and Saturday night and meals for the weekend for all attendees. We will provide ONE room per family – should additional rooms be needed to accommodate your family, please contact us.

When: Friday, June 18 – Sunday, June 20, 2010
Plan on arriving Friday afternoon – registration begins at 2pm!
Session topics will include the following: Teaching the Schools, Sports & Exercises, Insurance 101, von Willebrand's disease, Inhibitors, Women and Carriers, and much more!
Don't miss out on this great event – we have something special planned for Saturday night!

Where: San Antonio Marriott Rivercenter
101 Bowie Street
San Antonio, Texas 78205 USA
Phone: 1-210-223-1000 Fax: 1-210-223-6239 Toll-free: 1-800-648-4462



Texas Bleeding Disorders Conference

June 18-20, 2010

INDIVIDUAL & FAMILY REGISTRATION FORM

To register: (Registration Deadline – May 21, 2010)

Mail Registration Form To: Lone Star Chapter of the NHF • 10500 Northwest Freeway Suite 226 • Houston, TX 77092

Phone: 713-686-6100 Fax: 713-686-6102 Email: mcompton@lonestarahemophilia.org

Section 1: PAYMENT INFORMATION

Payment information must be received before we can process your registration. There are a few scholarships for families unable to pay the registration fee. Please call your hemophilia treatment center for requests.

Check the registration method: ___\$25 Individual ___\$50.00 Family (Parents & Children)

Payment Method: ___Check ___Money Order ___Credit Card

Credit Card Number _____ Security Code _____ Expiration Date _____
(Visa/MC on back, AMEX on front)

Name on Credit Card _____ Signature _____

Other Payment Arrangements (Explain): _____

Section 2: INFORMATION (Please print neatly, or type.)

Your Name: _____
(Last Name, First Name)

Address: _____

City: _____ Zip: _____

(Please list at least one contact phone number below.)

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

E-mail Address: _____

Person in the family has:

Hemophilia/vonWillebrand/Other (Circle One)

Relationship to Person with Bleeding Disorder

Self/Parent/Family Member/Other _____

Spouse Name: _____
(Last Name, First Name)

Work Phone: () _____

Cell Phone: () _____

E-mail Address: _____

Spanish Translation is available in the general sessions. Please let us know how many people in your family will need this service.

Does anyone in your family have dietary needs or restrictions?

If so, please explain: _____

Do you authorize the use of any photographs or videos for LSC's and TexCen's use only? ___Yes ___No

Are you registering your children in the Youth Program (14 years old and younger) and/or the Transition Ignition Program for Young Adults (15-20 year old) ___Yes ___No (If yes, please list below.)

Youth Name: _____ Young Adult Name _____
(Name and date of birth) (Name and date of birth)

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Hotel Information

The Lone Star Chapter and Texas Central Hemophilia will pay for ***one*** hotel room for Friday, June 18 and Saturday, June 19. Each room will sleep 5 people. Should your family require an additional room during the conference, please contact us at the number listed below. The rooms are available at \$109/night.

Two Doubles _____ One King Bed _____ Baby Crib Required _____
(Room Configuration is based on availability)

You will be responsible for any additional charges made to your room, including the mini-bar.

If you would like to come early or stay after the conference, rooms are available at \$109/night. Please contact us to book your additional rooms.

Questions?

Please direct any rooming questions to mcompton@lonestarahemophilia.org

Parking is available at the hotel for \$15 self/\$25 valet per day.

Texas Bleeding Disorders Conference 2010 Youth Registration

(Please bring a completed form for each youth with you to the Conference)

Youth Name: _____ Date of Birth: _____
(Last Name, First Name)

Age: _____ Circle One: Male / Female

T-Shirt Size (Ages 3 -14 only): (Youth) 6-8 10-12 14-16 (Adult) Small Medium Large X-Large

Parents/Legal Guardian Name: _____

Relationship to Child: Mom / Dad / Other Relation _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Phone Numbers You Will Have at the Conference:

Child's Relationship to Bleeding Disorder:

_____ Factor VIII _____ Factor IX _____ Other Factor Def. _____ VwD _____ Carrier _____ Sibling

Other (explain) _____

Please list ALL medical conditions, allergies and include ALL medications (including FACTOR), as well as any other information necessary to ensure your child's safety.

***The undersigned parent/legal guardian hereby consents to allow their child, _____ to participate in the activities of the Lone Star Chapter of the NHF and Texas Central Hemophilia Association Youth/Teen program at its' Texas Bleeding Disorders Conference in San Antonio, TX, on June 18-20, 2010. The undersigned parent/legal guardian does hereby release, hold harmless and agree to indemnify, the Lone Star Chapter of the NHF and Texas Central Hemophilia Association from any and all liability resulting from the participation of said child in the activities sponsored and conducted by the Lone Star Chapter of the NHF and Texas Central Hemophilia Association.*

Parent/Legal Guardian Signature _____ Date _____

Do you or your spouse have health/accident insurance? ___ YES ___ NO If yes, please supply the following:

Company Name: _____ Company phone number: _____

Company Address: _____

Policy Number: _____ Name of Policy Holder: _____