

Children with Diabetes *Friends for Life: UK 2009*

August 14-16, 2009

Conference Registration Form

Primary Contact Name:			
Street Address:			
Address 2:			
City:		State:	
ZIP/Postal Code:		Country:	
Phone:		Mobile:	
Email Address: (Required)			

Prices

- **Early Registration is £200 per family** through February 28,2009
- **Regular Registration is £250 per family** from March1 through July 31, 2009
- **Individual Professional Registration or Single Person is £140 (Continuing education units are not offered)**
- Family Registration includes 2 adults and their accompanying children (up to 3) under age 18. Additional adults are £70 per person and must be in the family (up to 2 additional adults per family, i.e., grandparents). Additional children are £35 per child.
- **In case of cancellation prior to July 1, 2009, a full refund minus a £50 processing fee will be provided. After July 1, 2009, no refunds will be offered.**

Note: If you are using this format to register with a credit card (vs the online registration process), your registration will be charged in US dollars, equivalent to the exchange rate with GBPs the date your registration is received.

Family Information (Please include every person attending)

First Name	Last Name	Date Of Birth	Relationship	Any food allergies we need to be aware of (e.g. celiac, dairy, nuts)?
Registration fee (see above)				£
Additional Participants (see above)				£
Grand Total				£

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Who has type 1 diabetes in your family (among those attending)?

Who has type 2 diabetes in your family (among those attending)?

T-Shirts: Enter quantity. Include one shirt for each person attending.

Adult _____ Small _____ Med _____ Large _____ X Large _____ XX Large

Youth _____ Small _____ Med _____ Large

Registration for all participants includes:

- Opening dinner on Friday evening
- Buffet lunch, and morning and afternoon snack breaks on Saturday and Sunday
- Child care for children 5 and under (see Childcare Registration Form later in the Spring for details)
- Conference t-shirt, 1 per person in your family
- Conference materials (programme guide, session hand outs)
- All social events, including Family and Friends Banquet on Saturday evening, Teen Social, Teen Day at the theme park, and other on-site social events

Method of payment: VISA _____ MasterCard _____ American Express _____

Check made payable to **Children with Diabetes** _____

Credit Card # _____

Security Code: _____ Expiration Date: _____

Name as it appears on the card: _____

Billing address for credit card (if different than above): _____

Signature: _____

Please mail your registration to: Laura Billetdeaux
Children with Diabetes
18378 Herman Rd.
Manchester, MI 48158 USA

Or fax your registration form to Laura Billetdeaux at 734-428-0106. **Please be sure to include your email address on your form.** A confirmation/receipt of your registration will be sent to you via email.

For more information, email laura.billetdeaux@childrenwithdiabetes.com

Thank you!