



REGISTRATION FORM
Families and Professionals
 (Please Print)

Name of Person Completing Form: _____

Address: _____
 Street Address City State or Province Postal Code or Zip

Country: _____ E-Mail: _____

Daytime Phone: _____ Evening Phone: _____

Organization/Affiliation: _____ (For professionals only)

CONFERENCE FEES:

Conference will be from Friday to Sunday. Your registration fee includes 4 meals, opening reception, children's programs, and childcare. Refunds are not available.

Age Groups	Price
Adult (19+)	\$ 110.00
Child (4-18)	\$ 35.00
Age 3 & Under	Free

PAYMENT METHOD:

- Complete Online Registration at <http://www.guildhealth.org/family> and pay by credit card (VISA, MasterCard, American Express)
- Mail the registration form with Check, Purchase Order or Credit Card Payment (see p. 2 of this form)

SEND REGISTRATION FORM AND PAYMENT :
NAPVI
Jewish Guild Healthcare
15 West 65th Street
New York, NY 10023

CONFERENCE REGISTRATION:

NAPVI members will receive a 10% discount on the total registration cost for the 2013 Family Conference. Note: NAPVI Membership is \$40.00 for an individual (professional, grandparent or other extended family member), or for a family of a child with a visual impairment (parents/guardians and their children).

_____ Adults (19+) @ \$ _____ / Each = \$ _____

_____ Children (4-18) @ \$ _____ / Each = \$ _____

_____ Children 3 & Under (Free)

Subtotal: \$ _____

***NAPVI Member Discount (10% off on Subtotal Cost)** = \$ _____

_____ New or renewing NAPVI memberships @ \$40.00/Each = \$ _____

Grand Total: \$ _____

*Current members, please include your NAPVI 10 digit membership number:

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My check or Purchase Order, payable to NAPVI, is enclosed.

Please charge \$ _____ to my VISA MasterCard AmEx

Account Number: _____ Expiration Date: ____/____/____

Name on card: _____

Billing Address: _____
Street Address State or Province Postal Code or Zip

Country: _____

HOTEL RESERVATION:

Note: The special hotel room rate of **\$129** per night will be available until **June 24, 2013** or until the group block is sold out, whichever comes first. Please make your hotel reservations as soon as possible. Book online at www.marriott.com/bosnt and enter **NPVNPVA** in the group code box

or

Call Marriott Hotels at **1-800-228-9290** and say you are with:
National Association for Parents of Children with Visual Impairments (NAPVI)

ADULT REGISTRATION:

Names will be used on pre-printed name tags. Please list all **adults (Ages 19+)** attending and check-off selection where appropriate (PLEASE PRINT):

Name(s) of Adults	Select One	Spanish Interpreter	Reading Format	Dietary Needs	Family Event at hotel (Saturday Night)
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN REGISTRATION:

Names will be used on pre-printed name tags. Please list all **children (ages 18 and under)** attending and check-off selection where appropriate (PLEASE PRINT):

Name(s) of Children	Age	Childcare Needed	Children's Program Saturday and Sunday AM	Child's Shirt Size	Reading Format	Dietary Needs	Family event at hotel (Saturday Night)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No For children ages ____	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-Large <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	<input type="checkbox"/> Braille <input type="checkbox"/> CD for Electronic Documents <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print	<input type="checkbox"/> None <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (List) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEALS:

Please indicate the number of people attending who will need meals (Children 0-3 eat free):

Events	Number of Adults	Number of Children
Friday Opening Reception		
Saturday Breakfast		
Saturday Lunch		
Saturday Night Family Dinner and Activities at Hotel		
Sunday Breakfast		

EYE NETWORKING SESSION:

Parents are encouraged to attend the Eye Condition and/or Disability Network Session on Saturday at 10:15 AM. Please check the group you would like to attend.

- | | |
|--|---|
| <input type="checkbox"/> Achromatopsia | <input type="checkbox"/> Deafblind |
| <input type="checkbox"/> Albinism | <input type="checkbox"/> Leber's Congenital Amaurosis |
| <input type="checkbox"/> Aniridia | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Anophthalmia/Microphthalmia | <input type="checkbox"/> Optic Nerve Atrophy/Hypoplasia |
| <input type="checkbox"/> Cataracts & Glaucoma | <input type="checkbox"/> Retinal Conditions |
| <input type="checkbox"/> CHARGE | <input type="checkbox"/> Retinitis Pigmentosa |
| <input type="checkbox"/> Colaboma | <input type="checkbox"/> Retinoblastoma |
| <input type="checkbox"/> Cortical Visual Impairment | <input type="checkbox"/> Retinopathy of Prematurity |
| <input type="checkbox"/> Corneal Disease | <input type="checkbox"/> Stargardt's Disease |
| | <input type="checkbox"/> Other Visual Condition _____ |

If there is further registration information you feel we need to have, please explain:
