

CONFERENCE REGISTRATION Families and Professionals (Please Print)

Name of Person Completing Form: _____

Address: _____
Street Address *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	Early Bird Registration	After May 31
Adult (19+)	\$ 85.00	\$ 110.00
Child (4-18)	\$ 25.00	\$ 35.00
Age 3 & Under	Free	Free

PAYMENT METHOD:

- Complete Online Registration at <http://www.lighthouseguild.org/napvifamily2015> 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
Lighthouse Guild
15 West 65th Street,
New York, NY 10023**

CONFERENCE REGISTRATION:

NAPVI members will receive a 10% discount on the total registration cost for the 2015 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+) @ \$110.00/ Each = \$ _____

_____ Children (4-18) @ \$35.55/ Each = \$ _____

_____ Children 3 & Under (Free)

Subtotal: \$ _____

***NAPVI Member Discount (10% off 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 **\$169** per night will be available until **June 9, 2015** or until the group block is sold out, whichever comes first. Please make your hotel reservations as soon as possible. Book online at <http://www.lighthouseguild.org/napvifamily2015> for a direct link to the hotel 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 (Ages 19+)	Select One	Spanish Interpreter	Reading Format	Dietary Needs	Family Reception (Friday 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 Braille 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 Braille 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 Braille 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 Braille 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 Braille 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 Braille 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 Braille 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 0 to 18)** attending and check-off selection where appropriate (PLEASE PRINT):

Name(s) of Children (Ages 0-18)	Age	Childcare Needed	Children's Program Saturday and Sunday AM	Child's Shirt Size	Reading Format	Dietary Needs	Family Reception (Friday Night)
		<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 Braille 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 Braille 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 Braille 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 Braille 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 Braille 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 Night Opening Reception		
Saturday Breakfast		
Saturday Lunch		
Saturday Night Family Activities		
Sunday Breakfast		

NETWORKING SESSION:

Parents are encouraged to attend the Networking Session and/or Eye Condition Session on Saturday. Please check the group you would like to attend.

Achromatopsia	Deafblind
Albinism	Leber's Congenital Amaurosis
Aniridia	Multiple Disabilities
Anophthalmia/Microphthalmia	Optic Nerve Atrophy/Hypoplasia
Cataracts & Glaucoma	Retinal Conditions
CHARGE	Retinitis Pigmentosa
Coloboma	Retinoblastoma
Cortical Visual Impairment	Retinopathy of Prematurity
Corneal Disease	Stargardt's Disease
	Other Visual Condition

EYE CONDITION SESSION:

Parents are encouraged to attend the Networking Session and/or Eye Condition Session on Saturday. Please check the group you would like to attend.

- Group A: Stem Cell Research and Inherited Retinal Diseases
- Group B: Albinism and Ocular Genetics
- Group C: Ocular Trauma and Retinal Conditions
- Group D: Congenital Disorders
- Group E: Juvenile Cataracts and Ocular Motility Disorders
- Group F: Corneal Disease

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

CHILD BACKGROUND INFORMATION

Must Be Completed for Each Child (0-18 Years of Age)

Dear Parents:

Please complete this form for each child attending the *2015 International Family Conference*, including the child with a visual impairment. We need this information to plan childcare and our educational programs.

You will find additional copies of this form and complete information about the conference at <http://www.lighthouseguild.org/napvifamily2015>

To provide the best possible experience for your child, make sure everything is labeled with the child's name (bottles, toys, diaper bags, etc.)

Administering medications will be the responsibility of the parent.

Please complete the *Child Background Information Form*, along with the *Activity Permission for Children* and *Media Release* forms and return with your payment and *Registration* to:

**NAPVI National office at
Lighthouse Guild
15 West 65th Street
New York, New York 10023**

Best regards,
Conference Planning Committee

For more information: NAPVI@lighthouseguild.org

CHILD BACKGROUND INFORMATION

**Must Be Completed for Each Child (0-18 Years of Age)
(Please Print)**

CHILD INFORMATION:

Name of Child: _____ **Age:** _____ Male Female

Person filling out the form and relationship to the child: _____

Check all that apply:

- Child is blind or visually impaired
- Child is deafblind
- Child is blind or visually impaired with additional disabilities
- Child is a sibling of a child who is blind or visually impaired and/or has additional disabilities
- Other (please explain): _____

Name of Parents/Guardians: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____
Or best way to contact you during the conference

HEALTH/MEDICAL:

- If the child has allergies to food, medicine, insects, or other areas please list: _____
- Current medical conditions: _____
- Does the child have: History of Seizures Diabetes Asthma
 Yes No Yes No Yes No
- Does the child have a medically prescribed diet or have dietary restrictions? Yes No
If yes, please explain: _____
- Does the child have other activity limitations? Yes No
If yes, please explain: _____
- Is there other health information to share with us? _____
- Student's Visual Diagnosis: _____
- Child Wears: Glasses Contact Lenses Hearing Aids Prosthesis Other _____ N/A

COMMUNICATION:

- Does the child need a sign language interpreter: Yes No
- The child uses: Large Print Regular Print Braille N/A
- Language child speaks: _____ Language spoken in the home: _____

TRAVEL AND MOBILITY (Check all that apply):

- Walks independently
- Walks unaided, but with difficulty
- Uses cane
- Requires physical support
- Climbs stairs independently
- Cannot climb stairs, even with assistance
- Uses wheelchair
- Uses orthopedic device (e.g., braces, walker, crutches)
- Aided Unaided

SELF-CARE SKILLS:

- **Eating (Select One):**
 - Needs no assistance
 - Needs assistance, such as: _____
- **Toileting (Select One):**
 - Needs no assistance/toilets independently
 - Schedule trained
 - Needs some assistance, such as: _____

BEHAVIOR:

Please describe in detail any behavior issues, even if they do not happen all the time at home (i.e., what might these behaviors look like? What might cause them? What seems to help in those situations?)

This health history is correct so far as I know, and the child listed above has permission to engage in all childcare activities except as noted.

1. Any situation requiring medical attention will be called to my attention immediately.
2. In the event I cannot be reached during an emergency with my child, I give personnel of the International Family Conference permission to seek emergency medical treatment.
3. I will be responsible for giving any medications my child needs.
4. I will be responsible for any special diet my child needs.

Signature of Parent/Guardian _____ **Date** _____

Print Name of Parent/Guardian _____



National Family Conference

National Association of Parents of Children with Visual Impairments

July 10-12, 2015 • Chicago, Illinois

ACTIVITY PERMISSION

**Must Be Completed for Children
(Age 18 and under)**

(Please Print)

To be completed by parents or guardians

I, _____ (Parent Name) give permission
for my child/children (Print Names) _____

to participate in any/all off-site activities planned for the children registered for the
childcare program during the International Family Conference on July 10-12, 2015.

Signature (Parent/Guardian): _____ Date: _____

Printed Name (Parent/Guardian): _____



RELEASE AGREEMENT

1. I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of Lighthouse Guild, which includes each of its subsidiaries shall be used in connection with Lighthouse Guild's dissemination of information by its public service and education programs to the general public.
2. I hereby irrevocably authorize Lighthouse Guild to photograph or videotape me and to use, copy, reproduce, edit, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, including videos and television, online programs and Internet sites, for purposes of publicizing the Guild's programs or for any other lawful purpose. I understand this may include certain educational materials that may be offered for sale.
3. I authorize my name to be used together with the photograph Yes No
4. I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.
5. This release is worldwide and perpetual and is governed by the laws of New York State.
6. I hereby hold harmless and release and forever discharge Lighthouse Guild from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.
7. I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

(Street Address)

(City, State, Zip Code)

If this release is for a person under age 18, the consent must be signed by a parent or guardian

I hereby certify that I am the parent or guardian of _____, a minor, and do hereby give my consent without reservations to all of the foregoing on behalf of this person.

(Signature)

(Date)

(Printed Name)