

National Scleroderma Conference Virtual



2022

July 15, 16 & 17

CONFERENCE REGISTRATION

THREE CONVENIENT WAYS TO REGISTER

1. Online at scleroderma.org/conference by credit card only (*preferred method*)
2. Mail this form with payment (*check or credit card*) to:
National Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923
3. Call the Foundation, (800) 722-4673, and staff will assist you

ATTENDEE INFORMATION

ALL FIELDS REQUIRED. One form per person. Please print clearly.

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____ Date of Birth: _____

☐ I have scleroderma (☐ localized ☐ systemic sclerosis) ☐ I am a caregiver T-Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

PAYMENT INFORMATION

US DOLLARS ONLY

REGISTRATION TYPE <i>Please check box</i>	Full Fee, Before July 1	Fee Before July 1, After Member Discount	Late Fee, as of July 1	Late Fee, as of July 1, After Member Discount
Person Living with Scleroderma	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$21.00	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$31.00
General Admission	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$36.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$53.00
Business/Academia	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$133.00

☐ I am a Foundation Member. My registration fee after the member discount is: \$ _____

☐ I am paying by **check** (*please make check payable to the National Scleroderma Foundation*)

☐ I am paying by **credit card**: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card #: _____ CVV #: _____ Expiration Date: _____

Billing Address (*If different than above*): _____

City: _____ State: _____ ZIP: _____

Name as it appears on card: _____

Signature (*required*): _____ Today's Date: _____

TO ATTEND, PLEASE READ AND ACCEPT THIS ASSUMPTION OF RISK: In consideration of being permitted to participate in the National Scleroderma Foundation's "National Scleroderma Conference," I hereby, for myself, my heirs and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the National Scleroderma Foundation, any chapter, support group, officers, employees, sponsors, organizers, volunteers or other representatives or their successor and assigns, for any and all injuries or damage or any kind whatsoever suffered as a result of taking part in the event and any related activities.

☐ I ACCEPT

PHOTOGRAPHY & MEDIA WAIVER: The National Scleroderma Foundation will use screen shots from the 2022 virtual National Scleroderma Conference to promote the conference and the Foundation and to create awareness of scleroderma on social media, websites, email, and in traditional media including, but not limited to Scleroderma Voice magazine, the annual report, and other printed collateral materials. All attendees, visitors, speakers, and guests who do not want their images used in this way are advised to turn off their camera to avoid having their image captured and used. If your camera is on, you are granting permission to the National Scleroderma Foundation to use your likeness and name in any materials that either represent the conference proceedings or discuss future conferences, or any and all Scleroderma Foundation efforts.

☐ I HAVE READ AND UNDERSTAND THIS STATEMENT

Mail this form, ONE PER PERSON, to: National Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923

CANCELLATION: A full refund will be issued only if National Scleroderma Foundation cancels the conference. A 50% refund will be issued if a participant notifies National Scleroderma Foundation by email, Sfinfo@scleroderma.org, or phone, (800) 722-4673, by **July 1** of their intent to not participate.