

2018

July 27-28-29

NATIONAL PATIENT EDUCATION CONFERENCE

Philadelphia, PA

LOEWS PHILADELPHIA HOTEL • 1200 MARKET ST., PHILADELPHIA, PA 19107

You must book your own hotel room at the Loews Philadelphia Hotel. Call (888) 575-6397 and inform the hotel that you're attending the Scleroderma Foundation conference. Or, you may book your hotel room online via the link provided at www.scleroderma.org/conference. The group room rate is **\$169** plus tax per night. *Space is limited so reserve early!* The discount rate is available during the conference plus three days before and after, subject to room availability. The rate is not guaranteed after 7/5/18, nor if the reserved block of rooms has sold out.

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:
Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923
3. Call the Foundation, (800) 722-4673, and staff will assist you

REGISTRATION FEES <i>Please check box</i>	Early Bird <i>On or before 5/30/18</i>	Regular <i>On or before 7/5/18</i>	Late <i>On or after 7/6/18</i>
Members	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Non-Members	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
Corporate Attendees	<input type="checkbox"/> \$495	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545
Meals Only	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145	<input type="checkbox"/> \$165
Children 5-17 Years of Age	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95

*The actual per person cost of hosting the conference is more than \$700.
We thank our corporate sponsors and donors for helping to reduce the cost for participants.*

Early bird registrations **MUST** be postmarked on or before 5/30/18 and regular registrations on or before 7/5/18 to qualify for the discount.

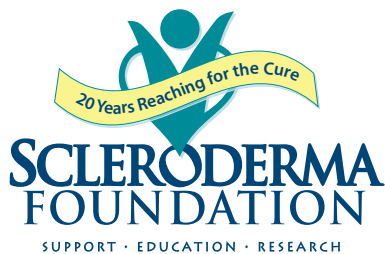
Cancellation Policy:

- On or before 7/5/18, a cancellation fee of \$25 will be deducted from your refund.
- On or after 7/6/18, a \$75 cancellation fee will apply.

Membership:

To renew or begin your membership, the \$25 membership fee must accompany the conference registration and is in addition to conference registration fees. Memberships must be current or the \$25 membership fee must be included for the special membership rates to apply. Please note that if one person in a household is a member, each household member attending may register for the discounted rate.

Household Member's Name: _____



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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: _____ Gender: _____

- I am a first-time attendee at the conference
- I have scleroderma. I have localized scleroderma systemic sclerosis
- I am a caregiver
- I am a parent or guardian of a juvenile attending; please list name(s): _____
- I am staying at the hotel and have medical items that require electricity (e.g.: O² concentrator, fridge for meds, CPAP. This is for the foundation's internal use. Please make arrangements with the hotel as needed.)
- I would like a vegetarian meal I would like a gluten-free meal
(The Foundation endeavors to offer scleroderma-friendly meals including gluten-free options.)
- Conference T-Shirt Size: XS S M L XL 2XL; I do not wish to receive a T-shirt
(Sizes are subject to availability)

PAYMENT INFORMATION

US DOLLARS ONLY

My Conference Registration Fee: \$ _____

- I am paying by check (please make check payable to the Scleroderma Foundation)
- I am paying by credit card: VISA MasterCard American Express Discover

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

Billing address, if different than above:

Street: _____

City: _____ State: _____ Zip: _____

Name as it appears on card: _____

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

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

The Scleroderma Foundation uses electronic, social media, and traditional media including, but not limited to: photographs, video, audio footage, and testimonials during the National Conference. All attendees, visitors, speakers, and guests are advised that during their attendance at the conference there will be photographs taken in addition to audio/video recordings of various activities, events, and sessions. Each registrant grants the Scleroderma Foundation **permission to photograph** them in any session and to use such photographs and the names of attendees in any materials that either represent the conference proceedings or discuss future conferences.

- I AGREE
- NO, I DO NOT WANT TO BE PHOTOGRAPHED OR VIDEOTAPED