

CJD Foundation Family Conference July 13 to 15, 2018 – Washington Court Hotel

Register Online at www.cjdfoundation.org

Registration forms may also be returned by US Mail: CJD Foundation, 3610 W. Market Street, Suite 110, Akron, Ohio 44333
EMAIL: Scan the completed form and email to help@cjdfoundation.org FAX: 234-466-7077 PHONE: 800-659-1991

GENERAL INFORMATION (Please Print – One Form Per Person)

Name: _____

Street Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

**Registration confirmation will be sent via email, please call us if you do not receive a confirmation.*

I'm attending (Circle one: In honor of/In memory of) Not Applicable

Name: _____ Relationship: _____

**If you'd like us to include a photo of your loved one on our conference banner, please email it in a JPG format to help@cjdfoundation.org by June 26, 2018.
Not necessary if you submitted a photo last year.

I WILL ATTEND THE FOLLOWING: (Friday sessions begin at 12:45 p.m.)

Please check yes or no for EACH meal or event. See www.cjdfoundation.org for the latest schedule.

Friday, July 13 (Choose either Sporadic or Genetic)

Sporadic Prion Disease Workshop or Yes No

Genetic Prion Disease Workshop* Yes No

**only for families affected by a genetic prion disease*

Prion Disease Overview Yes No

Bereavement Workshop Yes No

Welcome Reception Yes No

Saturday, July 14

Breakfast Yes No

Lunch Yes No

Banquet Yes No

If you are attending the banquet,
do you require a vegetarian meal? Yes No

Sunday, July 15

Breakfast Yes No

Lunch Yes No

Advocacy Training Yes No

Monday, July 16

Capitol Hill Meetings Yes No

**Meetings are scheduled between 8 a.m. and 4 p.m.*

PAYMENT

*The conference fee until June 11 is \$195 per person. After June 11, it will be \$215 per person.
We regret that we cannot provide refunds.*

Registration: _____ \$195 / \$215 = \$ _____

I would like to sponsor _____ = \$ _____
Type of sponsorship (see brochure)

My donation to help offset the actual per-person cost = \$ _____

TOTAL = \$ _____

I would like to pay by:

- Online**
www.cjdfoundation.org
- Check**
Payable to the CJD Foundation
- Credit Card**
Visa, MasterCard, Discover or Amex

Name on Credit Card: _____

Billing Address: _____

Type: Visa MasterCard Discover Amex Credit Card # _____

Expiration Date: _____ CV2 Code (3 digit code on the back): _____

Cardholder Signature: _____

Please complete ALL sections. Thank you!

HOTEL RESERVATIONS MUST BE MADE DIRECTLY WITH THE WASHINGTON COURT HOTEL, 202-628-2100