

# USHER SYNDROME COALITION

9th Annual USH  
Connections Conference  
**#USH2017**

Saturday, July 15, 2017 | Chicago, Illinois

## REGISTRATION FORM

REGISTER ONLINE at [www.usher-syndrome.org](http://www.usher-syndrome.org) or complete and return this form with payment by **June 2, 2017** to:

Usher Syndrome Coalition  
2 Mill & Main, Suite 418  
Maynard, MA 01754

Or email to: Julia Dunning at [j.dunning@usher-syndrome.org](mailto:j.dunning@usher-syndrome.org)

### PERSONAL INFORMATION

Name
Address
City
State, Zip/Postal Code
Country
Phone
Organization/Institution
Affiliation with Usher syndrome
Email Address (required)

### SPECIAL REQUESTS

REMINDER: All special requests (interpreters, sighted guides, assistive listening devices, Braille materials, childcare, dietary restrictions, etc.) must be received no later than **June 2, 2017**.

### CHILDCARE REQUEST

Specify child(ren)'s age(s):

### ACCOMMODATIONS

The 9<sup>th</sup> USH Connections Conference will be held at the Chicago Marriott Downtown Magnificent Mile.

Discounted rooms are available for a special rate of \$209/night for USH Connections Conference participants. Please note that you must reserve your room by **June 23, 2017** to receive the discounted rate for this conference.

To reserve your room online, visit or call Group Reservations:

Online Reservations: <http://bit.ly/USH2017hotel>

Reservations Toll Free: 1-877-303-0104

## 9<sup>th</sup> ANNUAL USH CONNECTIONS CONFERENCE REGISTRATION

**Adult Attendee** - \$100

**Child Attendee** - \$25

**Hard Copy Materials** - \$20 (Digital materials will be available to all registered attendees. Attendees may purchase an optional set of hard copy materials.)

**Make an Optional Donation** - \$ANY (Help the Coalition bridge the gap between researchers and families.)

### TOTAL DUE

Number of Adult Attendees: \_\_\_\_\_ at \$100 = \_\_\_\_\_

Number of Child Attendees: \_\_\_\_\_ at \$25 = \_\_\_\_\_

Sets of Hard Copy Materials: \_\_\_\_\_ at \$20 = \_\_\_\_\_

Optional Donation: \$ \_\_\_\_\_

**Total Registration Amount \$ \_\_\_\_\_**

### Credit Card

American Express     Discover

MasterCard         Visa

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code (3 or 4 digits on card) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

### Check

If you are not paying by credit card, please attach a U.S. check or money order made payable to the Usher Syndrome Coalition:

Usher Syndrome Coalition

Attn: Krista Vasi

2 Mill & Main Place, Suite 418

Maynard, MA 01754

### PHOTOGRAPHY RELEASE

By attending the Annual USH Connections Conference, attendees agree to allow their names, likenesses and images in photographic format recorded onsite to be used by the Usher Syndrome Coalition for educational and promotional purposes.

### CANCELLATION POLICY

Written cancellations received by **June 23<sup>rd</sup>** will receive a full refund. No refunds will be issued after **June 23, 2017**.

### IMPORTANT DEADLINES

Special Requests                      **June 2, 2017**

Hotel Reservations                    **June 23, 2017**

Registration Cancellations           **June 23, 2017**

9<sup>th</sup> Annual USH Connections Conference | July 15, 2017

**Chicago Marriott Downtown Magnificent Mile**

**540 North Michigan Avenue**

**Chicago, Illinois 60611**

For additional information, visit: [www.Usher-Syndrome.org](http://www.Usher-Syndrome.org)

or contact Julia Dunning at [j.dunning@usher-syndrome.org](mailto:j.dunning@usher-syndrome.org) or (855) 998-7437.