

USHER SYNDROME COALITION

11th Annual USH
Connections Conference
#USH2019

Saturday, July 13, 2019 | Philadelphia, Pennsylvania

REGISTRATION FORM

REGISTER ONLINE at www.usher-syndrome.org or complete and return this form with payment by **June 30, 2019** to:

Usher Syndrome Coalition
63 Great Road, Suite 207
Maynard, MA 01754

Or email to: Julia Dunning at j.dunning@usher-syndrome.org or (855) 998 -7437

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 3, 2019**.

CHILDCARE REQUEST

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

ACCOMMODATIONS

The 11th USH Connections Conference will be held at the Philadelphia Marriott Downtown.

Discounted rooms are available for a special rate of \$179/night for USH Connections Conference participants. Please note that you must reserve your room by **June 21, 2019** to receive the discounted rate for this conference.

To reserve your room online, visit or call Group Reservations: <http://bit.ly/USH2019hotel>

11th ANNUAL USH CONNECTIONS CONFERENCE REGISTRATION

- Adult Attendee** – Register before 2/28/2019 \$100, before 4/30/2019 \$150, before 5/31/2019 \$200, before 6/30/2019 \$250, after 7/1/2019 \$300
- Child Attendee** - \$50
- Evening Social Saturday, July 13th** - Adult Attendee \$20/Child Attendee \$10
- Make an Optional Donation** - \$ANY (Help the Coalition bridge the gap between researchers and families.)

TOTAL DUE

Number of Family Conference Attendees (Adults): _____ at \$ _____ = _____

Number of Family Conference Attendees (Children): _____ at \$50 = _____

Number of Evening Social Attendees (Adults): _____ at \$20 = _____

Number of Evening Social Attendees (Children): _____ at \$10 = _____

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 US check or money order made payable to the Usher Syndrome Coalition:

Usher Syndrome Coalition

Attn: Julia Dunning

63 Great Road, Suite 207

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. If you do not want to be included please contact Julia Dunning at j.dunning@usher-syndrome.org by 6/3/19.

CANCELLATION POLICY

Written cancellations received by **June 30th** will receive a full refund. No refunds will be issued after **June 30, 2019**.

IMPORTANT DEADLINES

Special Requests **June 3, 2019**

Hotel Reservations **June 21, 2019**

Registration Cancellations **June 30, 2019**

11th Annual USH Connections Conference | July 13, 2019

Philadelphia Marriott Downtown

1201 Market Street

Philadelphia, Pennsylvania 19107 USA

For additional information, visit: www.Usher-Syndrome.org

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