

# HHT Foundation ADULT Conference Registration

Please complete a separate form for each person who will be attending the conference. If you are registering more than one person, please make photocopies or print another form from our website at [www.hht.org](http://www.hht.org).

Mr. / Mrs. / Ms. / Dr. \_\_\_\_\_

Degree / Title \_\_\_\_\_

Organizational Affiliation \_\_\_\_\_

Name to Appear on Name Tag (if different from above) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have HHT?  Yes  No If No, why are you attending this conference? \_\_\_\_\_

Is this your first HHT Conference?  Yes  No Meal Preference:  Regular  Vegetarian

Special Needs (please specify diet, wheelchair, etc.): \_\_\_\_\_

## Friday Workshop Selections *(choose one from each session, see page 4)*

Session	Number	Title
I		
II		
III		

## Saturday Workshop Selections *(choose one from each session, see page 4)*

Session	Number	Title
I		
II		
III		

## Sunday Workshop Selections *(choose one from each session, see page 5)*

Session	Number	Title
I		
II		
III		

## Registration Fees

The deadline date for Early Bird Registration is September 3, 2010. Members receive a discount as well as a reduced registration fee for additional family members.

- I am paying for myself only
- I am paying for multiple people. **Each person must submit their own registration form.** Please provide names of those you are paying for:

My conference registration is being paid for by \_\_\_\_\_

EARLY BIRD REGISTRATION (by 9/3/10)	Cost	No. Attending	Subtotal
Member	\$250		
Additional Family Members (1-2)	\$225		
Additional Family Members (3 or more)	\$200		
Non-Members	\$325		
Medical Professional	\$300		
<b>REGISTRATION AFTER 9/3/10</b>			
Member	\$275		
Additional Family Members	\$250		
Non-Members	\$375		
Medical Professional	\$325		
<b>YOUTH PROGRAM</b>			
Subtotal from Youth Registration Form (attached)			
<b>OPTIONAL</b>			
Gala Dinner/Auction Saturday Night (for those not registered for the conference) <i>(Bring a friend for a fun-filled evening!)</i>	\$50 / Adult Guest \$25 / Child Guest	# Adults # Youths	
Raffle Tickets	1 for \$5 or 6 for \$25	Number of tickets	
Scholarship Fund Donation <i>(Help an HHT family attend the national conference!)</i>			
HHT Foundation Membership	\$55		
HHT Foundation Gift Membership <i>(fill out recipient info)</i>	\$55		
<b>GRAND TOTAL</b>			

**Gift Membership Information** I would like to give a gift membership or renewal to:

Recipient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Method

- I am applying for a conference scholarship. Attach this registration form to your scholarship request. Do not send payment until you hear from the scholarship committee.
- My check or money order in the amount of \$ \_\_\_\_\_, payable in U.S. funds to the HHT Foundation International, Inc., is enclosed.
- Please charge my credit card (check one)     Visa     Mastercard     American Express     Discover

Name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

HHT Foundation International, Inc. • P.O. Box 329 • Monkton, MD 21111 • (800) 448-6389 • (US) (410) 357-9932 (Int'l)

**CANCELLATION POLICY: You must cancel your conference registration by October 1, 2010 to qualify for a refund less a \$25 administrative fee. No refunds will be made after October 1.**

