

# CJD 2010 and the CJD Foundation 9<sup>th</sup> Annual Family Conference Registration Form

*Registration forms may be returned by any of the following methods:*

**MAIL:** The CJD Foundation, PO Box 5312, Akron, OH 44334

**PHONE:** 1.800.659.1991

**EMAIL:** Scan the completed form and email to [help@cjd.foundation.org](mailto:help@cjd.foundation.org)

**FAX:** 330.668.2474

## GENERAL INFORMATION (Please print)

First Name(s): \_\_\_\_\_

Last Name(s): \_\_\_\_\_

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 am attending to honor:**       Not Applicable

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*If you would like to bring a photo of your loved one, we will post it during the conference.*

## I WILL ATTEND THE FOLLOWING:

*Please check yes or no for EACH meal or event. Times listed are tentative, see [www.cjd.foundation.org](http://www.cjd.foundation.org) for the latest schedule.*

### Friday, July 8<sup>th</sup>

Familial Prion Disease Meeting\*      Yes  No

*\*only for families affected by a familial prion disease*

Bereavement Workshop      Yes  No

Wine Reception      Yes  No

### Saturday, July 9<sup>th</sup>

Breakfast      Yes  No

Lunch      Yes  No

Banquet      Yes  No

If you are attending the banquet,  
would you like a vegetarian meal?      Yes  No

### Sunday, July 10<sup>th</sup>

Breakfast      Yes  No

Lunch      Yes  No

Advocacy Training      Yes  No

### Monday, July 11<sup>th</sup>

Capitol Hill Meetings      Yes  No

*\*Meetings are generally scheduled between 8 AM  
and 4 PM. You will receive your schedule via  
email as soon as your meetings are finalized.*

If yes, what is your departure time on July 11<sup>th</sup>?  
\_\_\_\_\_

## PAYMENT

*The conference fee prior to June 5<sup>th</sup> is \$150 per person, after June 5<sup>th</sup>, \$175 per person.*

Number of Registrations: \_\_\_\_\_ X \$150 / \$175 = \$ \_\_\_\_\_

I would like to sponsor \_\_\_\_\_ = \$ \_\_\_\_\_

*Type of sponsorship (see tri-fold)*

I would like to make a donation to help support  
the conference = \$ \_\_\_\_\_

**TOTAL = \$ \_\_\_\_\_**

## I would like to pay by:

- Check**  
*Payable to the  
CJD Foundation*
- Credit Card**  
*Visa, MasterCard or  
Discover*

Name on Credit Card: \_\_\_\_\_

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

Type:  Visa  MasterCard  Discover      Credit Card #: \_\_\_\_\_

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

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

*Please complete ALL sections. Thank you!*