



THE THIRD TRACHEOSTOMY.COM PEDIATRIC CONFERENCE REGISTRATION FORM
JUNE 12 – 14, 2008
HOLIDAY INN CINCINNATI AIRPORT - ERLANGER, KY

| |
|----------------------|
| Office Use Only: |
| Amount Paid _____ |
| Date Paid _____ |
| Payment Method _____ |

| | |
|--------------------|-------------------------------|
| Name _____ | Company (if applicable) _____ |
| Address _____ | City / State / Zip _____ |
| Phone Number _____ | Email _____ |

| REGISTRATION AND FEES FOR CONFERENCE | |
|---|---|
| (Registration fee covers attendance to lectures only. It does not include meals or extra activities) | |
| | Line Total |
| PARENT/GUARDIAN/SIBLING/CHILD WITH TRACH (OR FORMER TRACH) | |
| No. of adults attending _____ No. of trach children attending (or former trach) _____ No. of additional children (siblings) attending _____ |  |
| PROFESSIONAL/OTHER (CONTINUING EDUCATION CONTACT HOURS AVAILABLE – SEE BROCHURE) | |
| No. attending _____ Cost is \$100 / person | \$ |
| THURSDAY, JUNE 12TH – NEWPORT AQUARIUM (COST OF PARKING AT AQUARIUM IS NOT INCLUDED AND WILL BE YOUR RESPONSIBILITY) | |
| <input type="checkbox"/> Yes, I plan on attending. No. attending _____ <input type="checkbox"/> No, I will not be attending |  |
| FRIDAY, JUNE 13TH – BUILD-A-BEAR WORKSHOP <i>(All trached children (or former trached) will receive their bear for FREE – 1 per child.)</i> | |
| <input type="checkbox"/> Yes, I plan on attending. No. of trached children (or former trached) _____ No. of additional bears _____ x \$10 / bear <input type="checkbox"/> No, I will not be attending. | \$ |
| FRIDAY, JUNE 13TH – DINNER/GALA | |
| <input type="checkbox"/> Yes, I plan on attending. No. of adults _____ x \$18/ person <i>(Need only pay for children eating)</i> No. of children (12 yrs. and younger) _____ x \$12/ child <input type="checkbox"/> No, I will not be attending. | \$ |
| SATURDAY, JUNE 14TH – CINCINNATI ZOO/DINNER | |
| <input type="checkbox"/> Yes, I plan on attending. No. of adults _____ x \$15 / person <i>(Need only pay for children eating)</i> No. of children (12 yrs. and younger) _____ x \$12 / child <input type="checkbox"/> No, I will not be attending. | \$ |
| DONATION | |
| I will not be able to attend, but would like to support the conference. <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> _____ (other) <i>(If you would like your donation to qualify as a tax-exempt charitable contribution, please contact willowtreefoundation@cox.net prior to making donation)</i> | \$ |
| TOTAL AMOUNT ENCLOSED | \$ |

PAYMENT INFORMATION

Please complete this form and return with payment in full to:

Tracheostomy Conference
c/o Twin Enterprises, Inc.
Box 150
Grafton, MA 01519

Payment should be made in the form of a check or money order and made payable to:

Tracheostomy Conference –
Twin Enterprises, Inc.

Additional copies of the Registration Form Can be downloaded and printed by going to www.tracheostomy.com, and clicking on the link to the conference.

Please note that registration forms will not be accepted without payment in full. All registration forms and payments must be received no later than May 22, 2008.

HOTEL INFORMATION

Contact Holiday Inn Cincinnati Airport directly to make your reservations at (859) 371-2233 to receive the discounted room rate of \$105 / night, please reference: Third Tracheostomy.com Pediatric Conference



HANDICAP INFORMATION

If you have a disability and require any special accommodations to participate in the meetings, please notify the hotel of your needs before your arrival.