

ROBINOW SYNDROME FOUNDATION

CONVENTION *9th Biennial*

Minneapolis, Minnesota

June 25th - 29th

2008

REGISTRATION:

We are pleased you are joining us this year. We have many families attending! We hope your journey will be inspirational and your memories will last a lifetime. May you leave our convention with the comfort of knowing that you are not alone. We are all part of this "extended family" and we all support each other. May the next two years pass by quickly . . . until we can meet again in 2010.

CONVENTION REGISTRATION AND POSTMARK DEADLINES:

This year we are asking for each family to provide a registration fee. As the growth of our Foundation expands, the cost of organization and planning also rise. 100% of the funds raised from the registration fees will be used to offset the costs of meals and/or social activity to all families in attendance.

PAYMENT INSTRUCTIONS: Check (*drawn on US funds only*) or Money Order

\$40.00 per family Due: MAY 1, 2008

Enclose a check or Money Order made out to **The Robinow Syndrome Foundation** and submit along with your registration form.
Registration fees are non-refundable and non-transferrable.

RECEPTION: When checking in to your hotel, be sure to ask the reception desk for your "Welcome Package". We want to welcome our newcomers to our gatherings by giving you an opportunity to meet new friends, receive medical information pertaining to the syndrome and offer you a rare opportunity to meet others who are involved both directly or indirectly with this Foundation.

WHAT ELSE: There are several other things we all need to keep in mind. You are responsible for your hotel room and any costs associated with it. If you are going to have roommates, make sure you know who is paying for what beforehand. Also, please plan and bring enough spending money for any meals, tours, events, shopping, tips, taxi and other incidentals that may occur. Planning on using your cell phone? Make sure you know what it will cost you to roam. Check with your bank before leaving home about branch ATMs in the Minneapolis area or what fees you will incur for using other ATMs.

NON-DISCRIMINATION: The Robinow Syndrome Foundation does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, national origin, diagnosis, disability or employment status. In addition, we do not condone any form of harassment.

2008 REGISTRATION FORM

For accurate planning we strongly recommend that each family complete, mail or e-mail this registration form. This will help our dedicated volunteers organize dining and all other activities. (One registration form per household. Please print)

Registration / RSVP preferred by: May 1, 2008. Send to:

Robinow Syndrome Foundation

P.O. Box 1072, Anoka, MN 55303 - E-Mail: robinowfoundation.org

LAST NAME	FIRST NAME	BIRTHDATE M / D / Y	FIRST TIME		DIAGNOSIS (Check one)		
			YES	NO	DOMINANT	RECESSIVE	UNKNOWN
			YES	NO	DOMINANT	RECESSIVE	UNKNOWN
			YES	NO	DOMINANT	RECESSIVE	UNKNOWN
			YES	NO	DOMINANT	RECESSIVE	UNKNOWN
			YES	NO	DOMINANT	RECESSIVE	UNKNOWN
			YES	NO	DOMINANT	RECESSIVE	UNKNOWN
			YES	NO	DOMINANT	RECESSIVE	UNKNOWN

For questions or comments please contact:

Karla (763) 434-1152 Hm
(763) 291-7190 Cell
kkruger@comcast.net
or
Kim (417) 858-8836 Hm
(417) 671-2500 Cell
robinoworg2@centurytel.net

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-Mail: : _____ Special equipment/accommodations needed?: YES NO

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Language Spoken: _____ Interpreter needed?: YES NO

DATES ATTENDING						Hotel Reserved?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Wed. June 25	Thurs. June 26	Fri. June 27	Sat. June 28	Sun. June 29	Mon. June 30	HURRY!

SPONSORSHIP: Do you know of a particular family or individual that needs our assistance to be able to attend this years convention: Please list their name(s) and contact information and the area of support they are seeking.

1. _____ 2. _____
- _____
3. _____ 4. _____
- _____

SUBMITTING DONATIONS: The following donation is to support the work of the Robinow Syndrome Foundation. The RSF is a tax exempt [501(c)(3)] organization. All donations are tax-deductible. Please enclose any matching contributions from your employer.

- \$50.00
 \$100.00
 \$250.00
 \$500.00
 \$1000.00
 \$1500.00
 \$2000.00
 \$5000.00
- Sponsor a room for 1 night: \$123.88
 Sponsor a room for _____ nights: @ \$123.88 each night = \$_____
- Other: _____
- Other: _____

**TO HAVE YOUR PHOTO UPDATED, OR ADDED TO THE WEBSITE
PLEASE SUBMIT ALL PHOTOS TO THE FOUNDATION
VIA SNAIL MAIL OR E-MAIL.**

We must have your written permission on file before it will be posted.