

41st Annual Association for Glycogen Storage Disease Conference Registration

September 20-21, 2019

THIS REGISTRATION FORM MUST BE RECEIVED BY AUGUST 30, 2019

Your Name: _____ E-mail: _____

Names of those in household family attending with you, ages of children attending, noting who is affected and type of GSD

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Type of GSD: _____

"I grant the Association for Glycogen Storage Disease the right to take photographs of me and my household members in connect with the 2018 AGSD Conference. I authorize the Association for Glycogen Storage Disease to copyright use, and publish such photographs of me and my household members (with or without our names) in any promotional materials or publications (printed and/or electronic), and waive all rights of privacy in connection with the use of any photographs." _____ Yes _____ No

	<u>First adult in household</u>	<u>Each additional adult</u>	<u>TOTAL</u>
AGSD Member Household Registration (all at one address) Registration includes all meals. *must have paid 2019 AGSD dues before March 1, 2019*	\$160.00 USD	\$120.00 USD	\$ _____
AGSD Non-Member Registration (includes meals)	\$275.00 USD	\$175.00 USD	\$ _____
Registration for Professionals (includes meals)	\$160.00 USD	\$120.00 USD	\$ _____
<u>Late Registration Fee (fee after August 30, 2019)</u>	\$50.00 USD		\$ _____
CONFERENCE REGISTRATION TOTAL			\$ _____

Friday Evening Banquet

Adult — # of registered adults _____	***** Non-registered guest _____ X \$55.00 USD	\$ _____
Child (ages 6-17) — # of registered children _____	***** Non-registered child _____ X \$28.00 USD	\$ _____
Child (5 and under) — # of children _____		

Saturday Breakfast, Lunch, and Afternoon Snack

Adult — # of registered adults _____	***** Non-registered guest _____ X \$115.00 USD	\$ _____
Child (ages 6-17) — # of registered children _____	***** Non-registered child _____ X \$58.00 USD	\$ _____
Child (ages 5 and under) — # of children _____		

Saturday Evening Dinner: FREE for all conference registrants; indicate plated meal choice per person/child.

How many conference registrants _____ Adults _____ Children _____

_____ Vegetarian _____ Grilled Chicken _____ Tilapia _____ children's chicken strips/fries

How many non-registered guests: _____ X \$30.00 USD per person _____ \$ _____

_____ Vegetarian _____ Grilled Chicken _____ Tilapia _____ children's chicken strips/fries

GRAND TOTAL (total of registration fees and any non-registered guest meals) \$ _____

Send this registration form with your check of money order (US Funds only) - payable to AGSD to:

Hollie Swain, 611 Wisconsin Ave., Davenport, IA 52804 OR find the forms and pay online at PayPal (which will include registration fees) through the link at www.agsdus.org. Questions? Please contact Hollie Swain (563-514-4022) or Jessica Knepler (815-483-1244).

Hotel reservations are YOUR responsibility! The special AGSD conference room rate is \$109/night + taxes. The deadline for this room rate is August 30. *The parking fee is waived.* Please call the Hilton Houston NASA Clear Lake at 281-333-9300. You must identify yourself as part of the "AGSD—Annual 2019 Conference" to get their discounted rate by the **August 30** deadline.