



**SPINA BIFIDA ASSOCIATION
OF CONNECTICUT**

6th Annual Educational Conference

University of Hartford Magnet School

West Hartford, CT

Saturday, February 27, 2009

8:00AM - 4:15 PM

CONFERENCE REGISTRATION FORM (please complete front & back of form)

Name(s) of adults attending conference: _____

Address: _____

City, State, Zip _____

Home Phone: _____ E-mail : _____

KID'S CAMP REGISTRATION (up to 12 years of age)

Name of child with spina bifida: _____ **Age:** _____

Program Choice: Infants (birth-1 year old) Pre-School (1-4 years old) Kid's Camp (4+)

Lunch Choice: Peanut Butter & Jelly Turkey & Cheese Bologna & Cheese Cheese only

Special Needs we should know? _____

Name of sibling attending: _____ **Age:** _____

Program Choice: Infants (birth-1 year old) Pre-School (1-4 years old) Kid's Camp (4+)

Lunch Choice: Peanut Butter & Jelly Turkey & Cheese Bologna & Cheese Cheese only

Name of sibling attending: _____ **Age:** _____

Program Choice: Infants (birth-1 year old) Pre-School (1-4 years old) Kid's Camp (4+)

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Please return completed form with payment to:

SBAC, PO Box 2545, Hartford, CT 06146-2545

Any Questions? call 800-574-6274 or e-mail sbac@sbac.org

TEEN LOUNGE REGISTRATION (must be 13 years of age or older)

Name of child with spina bifida: _____ Age: _____

Lunch Choice: Peanut Butter & Jelly Turkey & Cheese Bologna & Cheese Cheese only
 will have adult lunch

Special Needs we should know? _____

Name of sibling attending: _____ Age: _____

Lunch Choice: Peanut Butter & Jelly Turkey & Cheese Bologna & Cheese Cheese only
 will have adult lunch

Name of sibling attending: _____ Age: _____

Lunch Choice: Peanut Butter & Jelly Turkey & Cheese Bologna & Cheese Cheese only
 will have adult lunch

Name of sibling attending: _____ Age: _____

Lunch Choice: Peanut Butter & Jelly Turkey & Cheese Bologna & Cheese Cheese only
 will have adult lunch

All medical and personal care needs for all minor children will be the responsibility of the parent(s) and/or guardians in attendance. Children will be released only to authorized persons.

PHOTO RELEASE

I hereby consent for my child(ren) to be photographed/videotaped while attending the Kids Camp Program and for such photographs/videos to be used for promotional and educational purposes;

Signing indicates consent for all attendees on the form to be photographed and/or videotaped for promotional and/or educational purposes.

Photo/video consent Signature _____ Date _____

REGISTRATION FEE

Registration fee includes continental breakfast, lunch, and two snacks in Kid's Camp.
Total registration fee not to exceed \$50.00 per family.

# of Adults: _____	x	\$15.00 each =	\$ _____
# of Children: _____	x	\$10.00 each =	\$ _____
TOTAL:*			\$ _____

FINANCIAL AID: If you are unable to pay the registration fee, check this box and return the completed form.
Conference is open to everyone regardless of their ability to pay.

Directions and hotel information are available on our website: <http://sbac.org> or by calling the number below. If you have special requirements or specific questions, please call before sending in your registration so we can make arrangements to accommodate your needs.