

8th International Fragile X Conference, July 17-21, 2002

Sheraton Chicago Hotel & Towers, Chicago, Illinois USA

CONFERENCE REGISTRATION FORM

Please print clearly!

REGISTRATION INFORMATION

Name(s): _____

Organization (if applicable): _____

Title: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

REGISTRATION MEMBERSHIP STATUS

Please refer to the Conference Registration Fee Schedule, opposite, as you complete the following. Be sure to check the appropriate box.

I/We am/are registering as a **current** NFXF **Basic** or **Associate** member

I/We am/are registering as a **current** NFXF **Professional, Family, Supporting, Diamond** or **Lifetime** member

I/We am/are registering as a **non-member**

I/We am/are registering as a **current** member for **single-day registration** for the following days (circle): **W / Th / F / S / Su**

I/We am/are registering as a **non-member** for **single-day registration** for the following days (circle): **W / Th / F / S / Su**

REGISTRATION FEE calculated from Conference Registration Fee Schedule (please check membership status, above): _____

CHILDCARE

Free for those registered at the Sheraton Hotel— All others at the childcare door: \$20 per half day, \$30 per full day

I/We anticipate needing childcare. Number of children _____ Ages _____

(Pay at door)

MEALS

Fees for all registrants include the luncheon and the banquet dinner. Separate meal tickets available for children and guests.

I/We am/are purchasing additional meal tickets for the **Thursday, 7/18 luncheon** at **\$45 per adult, \$25 per child**. _____

BANQUET

Saturday evening, July 20: Dinner/Banquet, Silent & Live Auction and Entertainment by American English, the premier Beatles impersonator band in the world.

Fees for all registrants include the banquet dinner and luncheon. Separate meal tickets available for children and guests.

I/We am/are purchasing additional meal tickets for the **Saturday, 7/20 banquet** at **\$85 per adult, \$25 per child**. _____

DINNER CRUISE

Friday, July 19: Join families and faculty while experiencing the world renowned Chicago architecture and skyline from Lake Michigan aboard our exciting and entertaining dinner cruise. This event should not be missed! (7-10:00 PM.) Includes dinner and dancing!

I/We am/are purchasing tickets for the **Friday, 7/19 7:00-10:00 PM Dinner Cruise** at **\$65 per person**. _____

TOTAL PAYMENT Please include meal ticket and dinner cruise fees, plus registration fees calculated from Conference

Registration Fee Schedule, and any additional fees (Childcare fees are payable at the door.):

Total amount due \$ _____

Payment in full must be received by June 30, 2002. Cancellations through June 30, 2002 will be refunded in full less a \$25.00 administrative fee. No refunds will be available after that date.

Check enclosed: check number _____ check amount _____

Credit card payment: VISA or MasterCard Card number _____

Exp. date _____ Total to be charged \$ _____ Cardholder's signature _____

By signing here, you authorize the NFXF to charge the above amount to your card.

Please contact the National Fragile X Foundation directly with any special needs or requests at 1-800-688-8765.

Mail to: National Fragile X Foundation, PO Box 190488, San Francisco, CA 94119-0488 or FAX to: 925-938-9315