

Regional Family Conference

Saturday, March 13, 2010

Hyatt Regency Columbus

350 N. High Street

Columbus, Ohio 43215



The Regional Family Conference, sponsored by the National Foundation for Ectodermal Dysplasias (NFED), is an opportunity for individuals and families to meet others who are affected by ectodermal dysplasias and to hear lectures from medical and dental professionals who have extensive knowledge of ectodermal dysplasias. Individual dental clinical consults will be available from dental professionals. These will take place on Saturday morning during registration. Advance registration is required for this consult.

For the younger participants (age 11 and younger), information is presented in a fun environment at Kids' Camp. Kids' Camp is an opportunity to meet others who are similarly affected by the ectodermal dysplasias. Through craft activities, games and presentations, the NFED replaces fears with information and substitutes the sense of isolation with new friendships. Please have your children dress for comfort and fun.

To register, please cut off and mail the completed registration form with payment to:

NFED
 PO Box 114, 410 E. Main Street
 Mascoutah, IL 62258-0114
 Fax - (618) 566-4718

Over



National Foundation for Ectodermal Dysplasias

PO Box 114, 410 E. Main Street Mascoutah, IL 62258-0114 Phone - (618) 566-2020 Fax - (618) 566-4718 info@nfed.org www.nfed.org

Registration Form

Name _____ Address _____

City _____ State _____ Postal Code _____

Country _____ Phone _____

E-Mail Address _____

I give permission to the NFED to distribute my name and contact information to the other conference attendees.

Yes, I would like to sign-up for a dental consult. (The NFED will contact you prior to the conference with your consult time.)

Names of Persons Attending	Adult	Child	Age of each child	Will need child care	Affected by ectodermal dysplasia
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

Please complete other side.

Program

9 – 10 a.m.	Conference & Kids' Camp Registration
10 – 10:15 a.m.	Welcome & Introduction <i>Mary Kaye Richter</i> <i>NFED Executive Director</i>
10:15 - 11 a.m.	Ectodermal Dysplasias Overview <i>Tim Fete, MD, MPH</i>
11 - 11:45 a.m.	Pediatric Dentistry & Ectodermal Dysplasias <i>J. Timothy Wright, DDS, MS</i>
11:45 - 12:30	Complex Dental Issues & Ectodermal Dysplasias <i>Tom Vergo, DDS</i>
12:30 - 1:45 p.m.	Lunch
1:45 - 2:30 p.m.	Prosthodontics & Ectodermal Dysplasias <i>Lisa Knobloch, DDS, MS</i>
2:30 - 2:45 p.m.	Break
2:45 - 3:30 p.m.	Family Advocacy <i>Mary Kaye Richter</i>
3:30 - 4:15 p.m.	NFED Research <i>Mary Fete, RN, MSN, CCM</i>
	NFED Programs and Services <i>Malinda Heuring</i>
4:15 - 4:30 p.m.	Wrap-up / Q/A

Registration Fees (*Deadline February 26, 2010)

Conference Registration

Number of Adults (12 and up) _____ x \$30 USD = _____

Number of Children (age 11 and under) _____ x \$15 USD = _____

TOTAL AMOUNT = _____

Method of Payment (check one) Bank Check Master Card Visa Discover

Credit Card Number _____ Exp. Date _____

Print Cardholder's Name as on Credit Card _____

Signature _____

Photo and Video Permission Release

I hereby give my permission to the NFED to use and distribute (including but not limited to use in newsletters, guides, appeals, web site, and reports), at their discretion, any photographs or video tapes taken at the Regional Family Conference in which I or member of my family may be a part.

Signature _____ Date _____

In consideration of the acceptance of this registration entry, I/we the undersigned, assume full responsibility for any injury or accident which may occur while I/we am/are attending this conference. I/we hereby release and hold harmless the sponsors, promoters and all other persons and entities associated with this even from any and all personal injury or damage, whether it be caused by negligence of the sponsors, promoters or other persons or entity. Applications for minors will be accepted only if signed by a parent or guardian.

Signature _____ Date _____