

REGISTRATION FORM

New Developments in Congenital Adrenal Hyperplasia: An Update on Classical CAH Saturday, April 24, 2010

New York Presbyterian/Weill Cornell • 525 East 68th Street • New York, NY 10065

Name: _____

Address: _____

Day Phone #: _____ Email: _____

Conference Attendance Fee: \$20 per person.

**Please note: There are no babysitting accommodations available for this conference.*

YES, please reserve _____ spaces* for the 2010 Conference.

I am/We are interested in information as a: Parent Other Relative Affected Adult

Please list all conference participants:

Name:	Relationship to YOU: (Spouse, Parent etc.)	CAH Type (SWCAH, Carrier, Unaffected etc.):
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT

BY CREDIT CARD: Select one **VISA** **M/C** **AMEX**

Name on Card: _____ Amount (USD): \$ _____

Card #: _____ Expiration Date: ___/___

Billing Address: _____

_____ Signature: _____

BY CHECK: *Make checks payable to CARES Foundation, Inc.*

FAX form with Credit Card Payment to: CARES Foundation **908-686-2019**

Or **MAIL** form with Payment to: **CARES Foundation, Inc., CARES Cornell Conference Registration,
2414 Morris Ave., Suite 110, Union, NJ 07083**

QUESTIONS? Call CARES Foundation at **908-364-0272** or email: conference@caresfoundation.org

REFUND POLICY: Refund requests must be submitted in writing by fax or email no later than April 16, 2010.
Refunds will be issued 2-3 weeks after the event.

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