



American Nystagmus Network

Conference Registration Form Saturday Only (8:00am – 5:00pm) July 9, 2005 Los Angeles, CA

Please print this form, complete it, and attach a check or money order in U.S. currency payable to “American Nystagmus Network, Inc.”. **Please do not send cash.**

Please mail completed form and payment before June 30 (to ensure receipt by July 1) to:

American Nystagmus Network, Inc.
Christine Smith
20 Letchworth Lane
Avondale, PA 19311
Attn: Conference Registration

Cash or check accepted at the door.

(Please print)

Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____ Country (if applicable): _____
Phone: Day: _____ Evening: _____ E-mail: _____

Please indicate by category the number of people who will attend:

_____ Adult(s) w/N, Name(s): _____
_____ Teen(s) w/N, Name(s): _____
_____ Parent(s) of child w/N, Names: _____
_____ Child(ren) Names and Age(s): _____
_____ Other Name(s): _____

Conference Fees: Ages 12 and under classified as children. Member includes any family member over the age of 12 attending with the member. Fees include lunch, presentations, and daycare for children during Saturday presentations (**Hotel Not Included**). Form with payment must be received by July 1st.

	<u>Advance Purchase</u>	<u>At the Door</u>
_____ ANN Member(s) _____ (no. of persons) x \$50 = \$ _____		x \$60 = \$ _____
_____ Non-ANN Member(s) _____ (no. of persons) x \$65 = \$ _____		x \$75 = \$ _____
_____ Child(ren) _____ (no. of persons) x \$25 = \$ _____		x \$30 = \$ _____
_____ Total People	Total	\$ _____

We will be compiling a list of conference attendees' contact information to be distributed with registration packets. Inclusion on this list is optional to the conference attendee. If you wish to be included, please put an asterisk next to any information you wish to be printed on the list.