



# American Nystagmus Network

## Conference Registration Form Saturday Only (8:00am – 5:00pm) July 14, 2007 Pittsburgh PA

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 **postmarked** 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 = \$ _____
<b>_____ Total People</b>	<b>Total</b>	<b>\$ _____</b>

*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.*