



The Florida Cleft Palate-Craniofacial Association

FAMILY CONFERENCE

2010 50th Annual Symposium Family Registration Form Saturday August 28th, 2010

Please **mail** or **FAX** or email this registration form to: Peggy Larson—FCPA Patient/Family Counselor

13382 Bryan Rd. Loxahatchee, Fl. 33470 H: 561-790-4940 FAX: 561-790-5760 email: Peglar00@aol.com

Parents Name: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ FAX: _____

Email address: _____

(your email address will not be distributed or "sold" without your permission. This is required for receipts, acknowledgements, and future craniofacial related activities)

Affected Child's name: _____ D.O.B. _____ Age: _____

Diagnosis: (craniofacial condition) _____

Number of people attending conference (and relation to affected child): _____

Siblings (or other children) attending —names & ages—: _____

Child care needed (YES OR NO)? _____ If yes, how many children? _____

Names and ages: _____

Special instructions (needs) for children in childcare room: _____

This information will remain confidential and only be used for the planning of this family conference.

Please return this form Peggy Larson- see above. The Family Conference will be held at The Naples Grande Resort, 475 Seagate Drive, Naples, Florida 34103, (888)422-6177. If you are planning to stay overnight Friday or Saturday, please make arrangements..... Reservations should be made directly to The Naples Grande Resort, by calling Toll Free at (888)422-6177. (Visit the web site: www.naplesgranderesort.com to see the accommodations) The deadline for guaranteed reduced rate of \$ 115.00 (+ tax, resort fee has been waived for the FCPA Group) is 07/15/10. The reduced rate is good from 08/24/10 - 08/31/10. Rooms are subject to availability, so book as early as possible! MAKE SURE YOU MENTION THAT YOU ARE COMING FOR THE CONFERENCE. Financial help may be available. Check with your local craniofacial clinic to see if they can assist you.