

REGISTRATION FORM: Personal Details

	Adult 1 (Primary Contact)	Adult 2*
Name		
Street		
Suburb		
Town/City & Postcode		
State / Country		
Telephone (Day)		
Telephone (Night)		
Email		

* Please record any additional adults on a separate form & attach to this page

Children / Young Adults

Name	M/F	Age	CHARGE? Y/N	T-Shirt Size	Childcare? Y/N	Special Requirements (e.g. G-Tube, Diet, Allergies)

Additional Comments or Special Requirements: (e.g. Adult dietary requirements, Interpreter required, large print, Braille)

Professionals Please Complete

Title						
Current Position						
Role	Medical Specialist	GP	Respite Carer	Educator	Social Worker	Other

Return Registration Form no later than 1st August, 2010

REGISTRATION FORM: Child with Special Needs

Child Details	
Name	
Condition	
Age	Functional Age

Mobility & Vision	Tick
No Problems	
Needs sighted guide	
Uses Cane	
Uses Walker	
Uses Wheelchair	
- Collapsible	
- Needs Wheelchair lift/ramp	
Other: (Details)	

Respiratory	Tick
No Problems	
Tracheostomy	
Treatment (e.g. suction, physio)	
Oxygen	
Other: (Details)	

Feeding	Tick
No Problems (Self Feeding)	
Nasogastric	
Gastrostomy Tube	
Gastrostomy Button	
Need Blender	
Need Microwave	
Meal Size	
Adult	
Large Child	
Small Child	
Allergies / Food Restrictions: (Details)	

Communication	Tick
No Problems	
Spoken Language (Some issues)	
Hearing Aids	
Cochlear Implant	
Sign Language	
Auslan	
NZ Sign Language	
Simultaneous (total) Communication	
Other: (Details)	

REGISTRATION FORM: 'Clinics'

Friday Consultations 2 – 5 PM:

Traditionally, CHARGE Conferences in Australasia have offered opportunities for families to meet with key professionals who will be presenting at the conference. These have been called 'clinics' but are informal opportunities for individuals with CHARGE and/or their family members to privately discuss issues of concern with specialists in particular areas. Depending upon demand, each session is between 15-30 minutes with each professional.

If you wish to meet with one (or more) of the following specialists on Friday afternoon, please indicate your order of preference (1 = Most wanted). All efforts will be made to meet as many requests as possible, but as clinic availability is limited some may miss out (First In, First-Filled basis). Confirmation of times will be sent to those requesting them by September 2010. Please indicate if you wish a later time due to a later arrival time at the venue. These meetings will be held at the Esplanade Hotel.

Tim Hartshorne - behaviour, family issues, transition to adulthood

David Brown - general educational issues and sensory issues

Jeremy Kirk, M.D. - growth and endocrinology

George Williams, M.D. - medical implications

Rob Last - communication and early education

Sharon Barrey Grassick - communication, education, deafblind issues

Clinic	A Tim Hartshorne	B David Brown	C George Williams	D Jeremy Kirk	E Rob Last	F Sharon Barrey Grassick
Priority						

REGISTRATION FORM: Payment Details

Section 1: Conference

Members	Number	per Adult	
Option A: Full Weekend		x \$295	=
Option B: Saturday Only		x \$160	=
Option C: Sunday Only		x \$160	=

Non-Members	Number	per Adult	
Option A: Full Weekend		x \$325	=
Option B: Saturday Only		x \$190	=
Option C: Sunday Only		x \$190	=

Section 2: Optional Events

Friday Meet & Greet	Number	Cost	
Adults		x \$25.00	=
Children (5-15)		x \$10.00	=
Conference Dinner (Saturday)			
Adults		x \$60	=
Children (5-15)		x \$25	=

TOTAL AMOUNT DUE	\$
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Do you require a Tax Invoice? YES NO

\$Please post completed registration form and payment to:
CHARGE Syndrome Association of Australasia
 c/o Ken Patterson, Treasurer

Payment Details

All Payments to be received by 1 August, 2008
 All Prices in \$Aus
 Make cheques payable to:
 The CHARGE Syndrome Association of Australasia

Credit Card Bankcard / Visa / MasterCard

Name on Card: _____

Card Number: _____

Exp Date: _____ Signature: _____

Part Payment

If you would like to make periodic payments, please contact:
 The Treasurer, Ken Patterson
 CHARGE Syndrome Association of Australasia
 PO Box 91 Glenfield NSW 2167
 phone no: 02 9605 8479
 fax no: 02 9605 8759

Email: ken.charge@hotmail.com

CANCELLATION POLICY

Once registration form is received, the following cancellation policy will apply

- 34+ days prior to conference 10% cancellation fee
- 10 - 34 days prior to conference 50% cancellation fee
- Less than 10 days prior to conference 100% cancellation fee

Return Registration Form no later than 1st August, 2010

CONSENT: Child Details

Child's Name	Age

CONSENT: Saturday Activity

On the Saturday there may be a special trip for the Children

The trip includes any transport and entry fee to the venue(s). Any other purchases made must be paid for personally.

I give permission for the children named above to take part in the activity on Saturday 9 October.

Name: _____ Date: _____

Signature: _____

CONSENT: Use of Media Coverage

I give permission to The CHARGE Syndrome Association of Australasia for my child(ren) named above to be photographed and/or video-taped for the CHARGE Syndrome Association of Australasia Ltd.

I understand this may be used by the media for the purpose of Public Awareness for the CHARGE Syndrome Association through any media outlets.

With the provision of your permission the photograph and/or video tape may be used for publications in connection with CHARGE Syndrome Association of Australasia

Name: _____ Date: _____

Signature: _____

