

The Dystroglycanopathies: 2019 Patient & Family Conference

June 21-22, 2019

Marriott Hotel & Conference Center, Iowa River Landing, Coralville, IA

Primary Registration Contact Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Guest Attendees *It is extremely important that you provide names of all individuals attending.

Guest #1: _____ Guest #2: _____

Guest #3: _____ Guest #4: _____

Guest #5: _____ Guest #6: _____

Guest #7: _____ Guest #8: _____

Special Dietary Restrictions *Please indicate the attendee's name followed by her/his dietary restriction.

Special Events

I/we plan to attend the Friday afternoon lab tours. Number attending: # _____

I/we plan to attend the Friday Evening Reception. Number attending: # _____

I/we plan to attend the Saturday Conference. Number attending: # _____

I/we plan to attend the Saturday Evening Dinner. Number attending: # _____

Supervised Play

I will have a child/children attending supervised play on Saturday morning. Number of children: _____

I will have a child/children attending supervised play on Saturday afternoon. Number of children: _____

Study Exam *Please indicate your 1st and 2nd choice for the date of your study exam below.

___ I would like to schedule a study exam (either new or established) on **Thursday, June 20**

___ I would like to schedule a study exam (either new or established) on **Friday, June 21**

___ I would like to schedule a study exam (either new or established) on **Sunday, June 23**

Disclosures

Do NOT use my (our) name on the class list Do NOT use my (our) photo for any purpose

How to Register

Send your completed form via mail, email or fax. Or, register over the phone by calling the UI Center for Conferences.

The UI Center for Conferences
250 Continuing Education Facility
Iowa City, IA 52242

Fax 319-335-4039

conferences@uiowa.edu

Phone 319-335-4141