



# Convention Registration Form

Last Name: \_\_\_\_\_

Disorder: \_\_\_\_\_

Names of adults attending: (list last name if different)

Address: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Names of Children Attending      Age      M/F      Affected

Phone (Day): \_\_\_\_\_

1. \_\_\_\_\_

E-mail: \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Endocrinologist Name/City: \_\_\_\_\_

4. \_\_\_\_\_

## **THURSDAY**

Do you want an appointment for a free dental screening with Dr. Simmons or Dr. Seidman? Yes \_\_\_ No \_\_\_  
(new consults only)

## **FRIDAY**

(Write the total number attending educational segments in the space next to your division)

CAH \_\_\_ CPP \_\_\_ GHD/IGFD \_\_\_ MAS/FD \_\_\_ PAN/Tumor \_\_\_ RSS/SGA \_\_\_ SOD/ONH \_\_\_ TS \_\_\_

*If attending PAN or RSS, please choose from the following (write # attending on the lines below)*

PAN                      Congenital \_\_\_ or Acquired \_\_\_

RSS/SGA (9-10:30) Raising a Medically Responsible Adolescent (Part 1) \_\_\_ or RSS/SGA Treatment Options \_\_\_  
(10:45-12) Raising a Medically Responsible Adolescent (Part 2) \_\_\_ or Hypoglycemia & Ketonuria \_\_\_

## **SATURDAY**

(Sessions run concurrently so be sure to pick only one segment in each column)

(write # attending in box)	8:00 - 8:45 am	9:00 - 10:00 am	10:15 - 11:30 am	11:30 - 1:00 pm
Compliance in Growth Hormone Therapy		NA	NA	NA
IEPs and 504 Plans	NA		NA	NA
The Sensory Diet	NA		NA	NA
Helping Your Child Adjust to a DSD ~ Part 1	NA		NA	NA
Kids Roundtable	NA	NA		NA
Resolving Insurance Issues	NA	NA		NA
Helping Your Child Adjust to a DSD ~ Part 2	NA	NA		NA
Keeping The Family Together.. Without Losing Your Mind	NA	NA	NA	



