

## **A-La-Carte Conference Registration Prices:**

### **1.) Option 1 - Adult Registration (12+)**

Early Bird Registration Due by May 1, 2014: \$150 per Person

Late Registration Due by July 5, 2014: \$200 per Person

No Onsite Registration for Childcare.

Adult registration includes one family social, one special social (Teen/Young Adults/Ladies/Guys Night Out), two breakfasts, two lunches, banquet dinner, conference workshops, Teen and Young Adult Lounge, conference packet and our family fun day on the beach. Combined, these items cost the foundation about \$325 per conference attendee. As a non-profit organization, we try to supplement the cost of the conference as best as possible to keep it affordable for all families to come. All meals are with the conference group.

### **2.) Option 2 - Child Registration with Childcare (Ages 4 - 12 Years Old):**

Early Bird Registration Due by May 1, 2014: \$150 per Person

Late Registration Due by July 5, 2014: \$175 per Person

No Onsite Registration for Childcare.

This child registration package includes one family social, two breakfasts, two lunches, banquet dinner, child care on Saturday and Sunday from 9 AM – 5 PM each day (includes snacks, activities and entertainment) and our family fun beach day. Combined, these items cost the foundation about \$175 per attendee. Childcare slots are available on a first come, first served basis. All meals are with the conference group.

### **3.) Option 2 - Child Registration with Childcare (Ages 3 and Under):**

Early Bird Registration Due by May 1, 2014: \$100 per Person

Late Registration Due by July 5, 2014: \$125 per Person

This child registration package includes one family social, two breakfasts, two lunches, banquet dinner, child care on Saturday and Sunday from 9 AM – 5 PM each day (includes snacks, activities and entertainment) and our family fun beach day. Combined, these items cost the foundation about \$125 per attendee. Childcare slots are available on a first come, first served basis. All meals are with the conference group.

### **4.) Option 3 - Child Registration No Childcare (Ages 4 – 12 Years Old)**

Early Bird Registration Due by May 1, 2014: \$50 per Person

Late Registration Due by July 5, 2014: \$75 per Person

This child registration package includes one family social ticket, three breakfasts, three lunches, banquet dinner and our family fun beach day. Combined, these items cost the foundation about \$95 per attendee. All meals are with the conference group.

### **5.) Children 3 and Under Are Free (Unless Attending Childcare – See Above)**

# Registration Form

By registering for the conference, you are confirming that you have read the conference packet and agree to all terms. You can pay online by PayPal, Credit Card or by check. By registering, you are confirming that you have read the conference packet and agree to all terms.

Are you staying at the Hilton Clearwater Beach Resort? YES or NO.

If you have a child/children attending childcare, you must complete the attached childcare form. To utilize childcare, families must stay at the Hilton Clearwater Beach Resort.

**Registration includes the cost of the Family Social, Banquet Dinner and ONE of the following events: Teen/Young Adult Social, Ladies Night Out or Guys Night Out.**

Deadline	May 1, 2014	July 5, 2014	On-Site
Adult Registration	\$150	\$200	\$300
Children 3 and under with no Childcare	Free	Free	Free
Children under age 3 with Childcare	\$100	\$125	N/A *
Children ages 4-12 with Childcare	\$150	\$175	N/A *
Children ages 4-12 with no Childcare	\$50	\$75	\$100

**\*There is no on-site registration for childcare. Childcare must be booked by July 5, 2014.**

Full Name	Age if Under 18	T-Shirt Size	List Special Meal Type	Check if has NS	Check if Childcare needed	Check for Events Tickets					Cost (See list above)
						Family Social	Teen/Young Adult Social	Ladies Night Out	Guys Night Out	Banquet Dinner	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Additional Tickets	Ticket Prices	Number	Total															
Family Social (Age 13+)	\$15	X	\$	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: right;"><b>Restistration Total</b></td> <td style="border: 1px solid black; width: 50px; text-align: center;">\$</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Registration Cost</td> <td style="border: 1px solid black; padding: 5px;">+</td> <td style="border: 1px solid black; padding: 5px;">Extra Ticket Cost</td> <td style="border: 1px solid black; padding: 5px;">=</td> <td style="border: 1px solid black; padding: 5px;">Grand Total</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">\$</td> <td></td> <td style="border: 1px solid black; text-align: center;">\$</td> <td></td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> </table>	<b>Restistration Total</b>			\$	Registration Cost	+	Extra Ticket Cost	=	Grand Total	\$		\$		\$
<b>Restistration Total</b>			\$															
Registration Cost	+	Extra Ticket Cost	=		Grand Total													
\$		\$			\$													
Banquet Dinner (Age 13+)	\$30	X	\$															
Family Social (Age 4-12)	\$7	X	\$															
Banquet Dinner (Age 4-12)	\$15	X	\$															
<b>Additional Tickets Total</b>				\$														

## Contact Information

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Method of Payment (Circle One)

Check\*    
  Visa    
  MasterCard    
  American Express    
  PayPal (RASopathies@gmail.com)

CC Number: \_\_\_\_\_ EXP: \_\_\_\_\_ CSV/CVV#: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Please Make Checks Payable to International RASopathies Foundation and send to:  
 International RASopathies Foundation  
 Attn: Rebekah Busbee, 124 Joshua Lane, Aiken, SC 29801.

For help, please contact Rebekah at (803) 522-3110 or Rebekah@teamnoonan.org.

Also, remember the attached childcare and teen lounge forms must be completed and returned with the registration.

**Thank you**

## Fundraising Registration Information

Conference participants can pay individually or can come for free, by participating in the conference fundraising program. Every family who fundraises \$2,000 will receive all inclusive registration for four people, two days childcare for two children and four nights stay at the Hilton Clearwater Beach Resort. Please review registration packages below.

The International RASopathies Foundation/Noonan Syndrome Foundation is a tax exempt, 501(c) 3 charitable organization and all donations are tax exempt to the fullest extent of the law.

### Attend For Free – All Inclusive Family Fundraising/Registration:

#### 1.) All Inclusive Package – Family of 4

Fundraise \$2,000

Deadline: May 1, 2014

This all inclusive package includes all of the following for your family only:

- 4 Nights Stay At Hilton Clearwater Beach Resort & Resort Pass (You must make your own hotel reservation ASAP. Hotel stays must be used between Thursday, July 17 and Tuesday, July 22. Discount will be provided at the time of checkout.)
- 4 Tickets - Family Social
- 4 Tickets - Special Social (Teen/Young Adult/Ladies/Guys Night Out)
- 4 Tickets – All 2 Breakfasts
- 4 Tickets – All 2 Lunches
- 4 Tickets - Banquet Dinner
- 4 Tickets to Any Combination of:
  - Conference Workshops
  - Teen/Young Adult Lounge
  - 2 Days of Childcare Per Child, For Children (Ages 6 Months to 12 Years Old)
- Conference Packet
- 4 Tickets - Family Fun Meet Up Day on the Beach

This package can cost the Foundation up to \$2,000 per family. This option allows families to help the Foundation cover all of the costs of running the conference. For this, we thank you in advance for your support! Items cannot be substituted or transferred to other families. To participate in this option, simply reserve your hotel room, fundraise the amount needed, fill out the Sponsorship – Conference Registration form, and mail your form and check to the Noonan Syndrome. Please do not send cash. Please let us know who financially contributed and we will send them a thank you note and receipt. All donations/forms must be submitted by May 1, 2013. Terms and conditions below.

#### 2.) All Inclusive Package – Family of 8

Fundraise \$4,000

Deadline: May 1, 2014

This all inclusive package includes all of the following for your family only:

- 4 Nights Stay At Hilton Clearwater Beach Resort & Resort Pass (Please reserve your own hotel rooms ASAP. Hotel stays must be used between Thursday, July 17 and Tuesday, July 22. Discount will be provided at the time of checkout.)
- 8 Tickets - Family Social
- 8 Tickets - Special Social (Teen/Young Adult/Ladies/Guys Night Out)

- 8 Tickets – All 2 Breakfasts
- 8 Tickets – All 2 Lunches
- 8 Tickets - Banquet Dinner
- 8 Tickets to Any Combination of:
  - Conference Workshops
  - Teen/Young Adult Lounge
  - 2 Days of Childcare Per Child, For Children (Ages 6 Months to 12 Years Old)
- Conference Packet
- 8 Tickets - Family Fun Meet Up Day on the Beach

This package can cost the Foundation up to \$4,000 per family. This option allows families to help the Foundation cover all of the costs of running the conference. For this, we thank you in advance for your support! Items cannot be substituted or to other families. To participate in this option, simply reserve your hotel room, fundraise the amount needed, fill out the Sponsorship – Conference Registration form, and mail your form and check to the Noonan Syndrome. Please do not send cash. Please let us know who financially contributed and we will send them a thank you note and receipt. All donations/forms must be submitted by May 1, 2013. Terms and conditions below.

### **3.) All Inclusive Package – Family of 12**

Fundraise \$6,000

Deadline: May 1, 2014

This all inclusive package includes all of the following for your family only:

- 4 Nights Stay At Hilton Clearwater Beach Resort & Resort Pass (Please reserve your own hotel rooms ASAP. Hotel stays must be used between Thursday, July 17 and Tuesday, July 22. Discount will be provided at the time of checkout.)
- 12 Tickets - Family Social
- 12 Tickets - Special Social (Teen/Young Adult/Ladies/Guys Night Out)
- 12 Tickets – All 2 Breakfasts
- 12 Tickets – All 2 Lunches
- 12 Tickets - Banquet Dinner
- 12 Tickets to Any Combination of:
  - Conference Workshops
  - Teen/Young Adult Lounge
  - 2 Days of Childcare Per Child, For Children (Ages 6 Months to 12 Years Old)
- Conference Packet
- 12 Tickets - Family Fun Meet Up Day on the Beach

This package can cost the Foundation up to \$6,000 per family. This option allows families to help the Foundation cover all of the costs of running the conference. For this, we thank you in advance for your support! Items cannot be substituted or transferred to other families. To participate in this option, simply reserve your hotel room nights, fundraise the amount needed, fill out the Sponsorship – Conference Registration form, and mail your form and check to the Noonan Syndrome. Please do not send cash. Please let us know who financially contributed and we will send them a thank you note and receipt. All donations/forms must be submitted by May 1, 2013. Terms and conditions below.

**Terms and Conditions:** Fundraising Packages cannot be cancelled or refunded. You must have your hotel reservation number before registering for a Fundraising Package. The Fundraising Package complimentary hotel rooms only apply to the nights at the Hilton Clearwater Beach Resort. Once the conference hotel rooms sell out we can no longer offer the Fundraising Package. Hotel rates are discounted by the Hilton until June 14, 2014 or earlier depending on availability. Fundraising Packages do not hold any cash value and cannot be traded for any other items. Extra package tickets cannot be given to or redeemed by anyone outside of immediate family only.

# Fundraising Registration Form

Remember, this package includes complimentary hotel nights at Hilton Clearwater Beach Resort - but you must first have your hotel confirmation or registration number for your stay between July 17 - 22, 2014. Please list your confirmation number here \_\_\_\_\_.

If you have a child/children attending childcare, you must complete the attached childcare form. To utilize childcare, families must stay at the Hilton Clearwater Beach Resort.

By registering, you are confirming that you have read the conference packet and agree to all terms.

**\*There is no on-site registration for childcare. Childcare must be booked by July 5, 2014.**

Full Name	Age if Under 18	T-Shirt Size	List Special Meal Type	Check if has NS	Check if Childcare Needed	Check for Events Tickets					Circle Your Package
						Family Social	Teen/Young Adult Social	Ladies Night Out	Guys Night Out	Banquet Dinner	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$2,000 = 4 People
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$4,000 = 8 People
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$6,000 = 12 People

Additional Tickets	Ticket Prices	Number	Total	Fundraising Total
Family Social (Age 13+)	\$15	x	\$	\$
Banquet Dinner (Age 13+)	\$30	x	\$	
Family Social (Age 4-12)	\$7	x	\$	
Banquet Dinner (Age 4-12)	\$15	x	\$	
<b>Additional Tickets Total</b>			\$	

Fundraising Total	\$
Fundraising Total	+ Extra Ticket Cost
\$	\$
= Grand Total	
\$	

## Contact Information

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Method of Payment (Circle One)

Check\*    Visa    MasterCard    American Express    PayPal (RASopathies@gmail.com)

CC Number: \_\_\_\_\_ EXP: \_\_\_\_\_ CVS#: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Please Make Checks Payable to Noonan Syndrome Foundation and send to:

Noonan Syndrome Foundation  
 Attn: Rebekah Busbee, 124 Joshua Lane, Aiken, SC 29801.

For help, please contact Rebekah at (803) 522-3110 or Rebekah@teamnoonan.org.

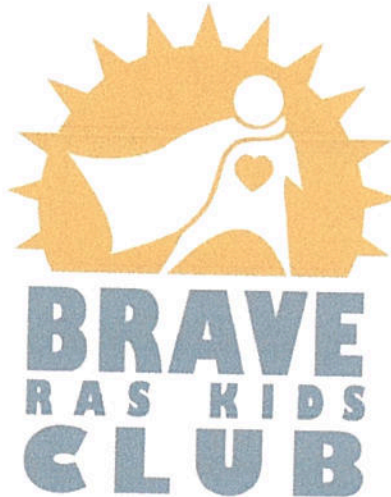
Also, remember the attached childcare and teen lounge forms must be completed and returned with the registration.

Thank You

# Fundraiser Donation Tracking Form

Name	Address	Phone Number	E-mail	Amount Donated

This form will need to be completed and returned when registering for the Fundraising Package.



## **Brave Kids Camp Child Care Form**

- It is the goal of The Noonan Syndrome Foundation to provide quality and safe childcare at the Conference.
- Please read the policy below before completing this form.
- Every child entering the childcare program must have a form on file, without it, your reservation will not be saved and your child cannot enter.
- Please fill out one form for each child and either email or mail to:

The Noonan Syndrome Foundation

C/O Rebekah Busbee

124 Joshua Lane Aiken, SC 29801

Rebekah@teamnoonan.org



**POLICY:**

A. Childcare options are offered to all people with Noonan syndrome (ages 6 months – 18 years) at the conference. Siblings of Noonan children (ages 6 months, up to age 12 years) who do not have Noonan syndrome are also offered childcare. Individuals must be pre-registered. Registration is also required along with payment.

A person is **not** eligible for childcare if they require one-on-one supervision, due to medical, behavioral, or other needs. If during the conference such needs occur for an individual in childcare, the Parent/Guardian will be contacted immediately and asked to remove the child from the childcare program. Childcare supervisors will have the authority to make this decision. Childcare will then become the responsibility of the Parent/Guardian for the remainder of the conference. Also, due to the fact that many of our children are medically fragile, we cannot allow children who are sick and/ or contagious to participate.

B. Acceptance to all programs is based on a first-come, first-serve basis. The number of care providers and our reserved childcare rooms will determine the maximum number of individuals accepted into childcare. We cannot reserve a space for your child until we receive this form from for each child.

C. The same Parent/Guardian must sign individuals in and out of childcare.

D. Childcare is available only while Parents/Guardians are at conference-related activities. Parents/Guardians must be immediately accessible to childcare providers.

E. Parents/Guardians must administer all medications and tube feedings. Medications cannot be left with any childcare providers or child.

F. Individuals who are ill (fever, cold, etc.) may not participate in childcare.

G. No children are allowed in the General Session or Workshop rooms in consideration of other guests attending.

H. Parents must be in the hotel and accessible at all times.

I. Pick up will be strictly enforced due to the over time charge by the childcare provider. If your child is picked up late, even by five minutes, you will be responsible for paying over time charges. The Noonan Syndrome Foundation will not pay these charges for you.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please complete the Brave Kids Camp Child Care Form for each child entering.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have Noonan Syndrome? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Emergency Contact Cell Phone Number(s): \_\_\_\_\_

Child's primary means of communication?

Speech \_\_\_\_\_ Sign Language \_\_\_\_\_ Gestures \_\_\_\_\_ Other \_\_\_\_\_

Does your child speak English? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Information:

**Parents/Guardians must administer all medications. Medications cannot be left with any childcare providers or child.**

Does your child use? G-tubes \_\_\_\_\_ Hearing Aid \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair \_\_\_\_\_  
Other \_\_\_\_\_

List any allergies your child may have

\_\_\_\_\_

Any important medical issues for care:

\_\_\_\_\_

\_\_\_\_\_

Child's Preferences – (Tell us about your child)

Likes and Dislikes:

\_\_\_\_\_

\_\_\_\_\_

Does child have siblings also in childcare? \_\_\_\_\_ Age: \_\_\_\_\_

**Please note the Following:**

Please remember to provide diapers & wipes, a change of clothes and any other essential items or equipment for the childcare room. All items (strollers, infant seats, clothing, diaper bags, etc.) should be clearly labeled with child's full name. Toys and cots will be provided. Any child registered for childcare who is ill (fever, cold, etc.) may **not** participate in the childcare program.

Parent's Cell phone Numbers: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

# NOONAN SYNDROME FOUNDATION



## Teen/Young Adults Lounge

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_

Please list any pertinent medical information that may be needed in the event of an emergency:

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List All Allergies:

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Please read and sign that you understand the rules of the Teen/Young Adult Lounge: I understand that there will not be continuous supervision, but that someone will check in on the room a few times a day. I understand that I am responsible for my actions. Any property or damaged items will be the responsibility of the guilty party or group as a whole, if no one individual steps forward. If there is an emergency, I will contact a conference leader immediately via cell phone at (803)522-3110. Also, I understand that I am expected to be on my best behavior.

Signature of Teen/Young Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_