

The 17th Annual Prader-Willi Alliance of New York Conference

April 27th & April 28th - Best Western Sovereign Hotel • 1228 Western Avenue - Albany, New York

Family Registration Fee Schedule (all prices are in U.S. funds)

Family Registration: \$40.00 for two days-\$30.00 for 1 day
(Up to THREE family members may attend for one fee!) \$15.00 for each additional family member (good for 1 or 2 days)

Discount: "2007" paid members of the Alliance may deduct \$5.00 from the total due.

Lunch: \$13.00 per adult- Children's lunches are free ages 12 and under.

**We have worked closely with the Best Western to provide healthful and appropriate meals.
Hotel reservations can be made by calling the hotel at (518) 489-2981. Ask for the Special Conference Rate.**

Please Note: **ONE form** per family

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Fax #: () _____

E-mail: _____

Attendance: (how many) Friday # _____ Saturday # _____

Lunches: (how many) Friday: Adult _____ Child _____

Saturday: Adult _____ Child _____

Please provide me with a Certificate of Attendance:

Do you require companion care for an individual with PWS, or a sibling(s)? No _____ Yes _____ Age(s) _____

Comments/Special needs: _____

Please indicate amount enclosed:

Registration fee: \$ _____

Lunch: #Adult(s) _____ x \$13 = \$ _____

Tax deductible donation: \$ _____

Membership Dues (\$20 person or family of 3): \$ _____

Sub total: \$ _____

Deduct \$5 if a member in "2007" \$ _____

Total amount enclosed: \$ _____

ADULT'S LUNCH MENU

FRIDAY

Choice of one, each day, for each paid lunch

Filet of Scrod
No. _____

Roast Turkey
with Dressing
No. _____

Vegetarian
Stir Fry
No. _____

SATURDAY

Filet of Sole
No. _____

Chicken
Parmigiana
No. _____

Vegetarian
Prima Vera
No. _____

CHILDREN'S LUNCH MENU

Grilled Chicken
No. _____

No/Bun Turkey Burger
No. _____

Tuna Salad Plate
Over Garden Salad
No. _____

Turkey Wrap
No. _____

Office Use Only

Current Member Y N

Amount Due \$ _____

Please send payment along with this registration form to:

Prader-Willi Alliance of New York, Inc., PO Box 1114, Niagara Falls, NY 14304

If you are registering after April 20th or have questions, you must call 800 442-1655.

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Professional Registration Fee Schedule (all prices are in U.S. funds)

Professional Registration: \$60.00 For 1st Day, \$20.00 For 2nd Day

Discount: "2007" paid members of the Alliance may deduct \$ 5.00 from the total due.

Lunch: \$13.00 per adult– Children's lunches are free ages 12 and under.

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Hotel reservations can be made by calling the hotel at (518) 489-2981. Ask for the Special Conference Rate.**

Please Note: ONE form per person- **NO** group registrations

Name(s): _____

Organization/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____ Fax #: () _____

E-mail: _____

Attendance: Friday # _____ Saturday # _____

Lunches: Friday Saturday

Please provide me with a Certificate of Attendance:

Comments/Special needs: _____

Please indicate amount enclosed:

Registration fee: \$ _____

Lunch: #Adult(s) _____ x \$13 = \$ _____

Tax deductible donation: \$ _____

Membership Dues (\$20 person or family of 3): \$ _____

Sub total: \$ _____

Deduct \$5 if a member in "2007" \$ _____

Total amount enclosed: \$ _____

ADULT'S LUNCH MENU

FRIDAY

Choice of one, each day, for each paid lunch

Filet of Scrod
No. _____

Roast Turkey
with Dressing
No. _____

Vegetarian
Stir Fry
No. _____

SATURDAY

Filet of Sole
No. _____

Chicken
Parmigiana
No. _____

Vegetarian
Prima Vera
No. _____

Office Use Only

Current Member Y N

Amount Due \$ _____

Please send payment along with this registration form to:

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