

NAPxE – National Association for Pseudoxanthoma Elasticum

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REGISTRATION FORM – 2010 NATIONAL MEETING

Friday, October 22 – Saturday, October 23, 2010

The registration fee is \$45 per person and includes Friday evening dinner, Saturday lunch and breaks, plus all handouts

NAME _____

PHONE _____

ADDRESS _____

EMAIL _____

CITY _____

STATE _____ ZIP _____

NUMBER ATTENDING MEETING _____ x \$45.00 = AMOUNT ENCLOSED \$ _____

NAME(S) OF GUEST(S) ATTENDING WITH YOU:

You are responsible for making your own hotel reservations. Please call the **Holiday Inn, Fort Washington, Philadelphia, PA, at 215-643-3000 or 1-800-339-0209**. Be sure to **call by October 10, 2010**, and say you are with NAPE to get the group rate of \$89 per night (single or double) plus tax. Please indicate that you are with the NAPE conference. Parking on site is free.

Payment of the registration fee must accompany this form. Please make your check payable to NAPE, Inc., in U.S. currency. We cannot accept credit card payments. Mail your registration and check to NAPE at the address shown above. We will send you a confirmation packet if registration is received by October 10.

Check here _____ if need vegetarian meals. If you require special assistance to participate fully, please provide a written description of your needs on the back of this form.

If you are willing to share a room and its associated cost, check here _____. NAPE will provide your contact information to others who are willing to share a room. It will be your responsibility to make contact and decide if you are willing to share a room. NAPE will not be involved other than to provide contact information of those who provide permission.

SIGNATURE _____

DATE _____

Please mail this form to NAPE with payment by October 10, 2010
CANCELLATIONS ARE NOT REFUNDABLE AFTER OCTOBER 10, 2010