

the  
vasculitis  
journey

knowledge • community • hope

8th international vasculitis symposium 2008

vasculitis symposium 2008

registration form

june 6-8, 2008

mayo clinic, rochester, minnesota usa

registration deadline: friday, may 16, 2008

(space is limited. please register early!)

REGISTRATION

Online: www.vasculitisfoundation.org

Fax: Please complete form and fax to 816.436.8211 (credit card payments only)

Mail: Please complete form and mail to: Vasculitis Foundation, PO Box 28660 Kansas City, MO 64188

Phone: Please call the VF office to register: 800.277.9474

Registration fee includes:

Meals, educational materials, handouts and admittance to educational sessions and exhibit area and VF Symposium 2008 t-shirt

First Attendee:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_

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

Please check:  Patient (Disease: \_\_\_\_\_)  Family/Friend  Medical Professional

Box Lunches include sandwich, chips, fruit)

Saturday Lunch choice (select one):  Turkey  Ham  Vegetarian

Sunday Lunch choice (select one):  Turkey  Ham  Vegetarian

Symposium T-shirt:  Small  Medium  Large  X-Large  XX-Large

Second Attendee:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_

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

Box Lunches include sandwich, chips, fruit)

Saturday Lunch choice (select one):  Turkey  Ham  Vegetarian

Sunday Lunch choice (select one):  Turkey  Ham  Vegetarian

Symposium T-shirt:  Small  Medium  Large  X-Large  XX-Large

Number of your group attending the Friday Night Dessert Reception: \_\_\_\_\_

Additional guests for Saturday's Celebration Banquet: \$30.00/person = \_\_\_\_\_

Registration Fee: \$170.00 per attendee. No. of attendees \_\_\_\_\_ x \$170.00 = \_\_\_\_\_

TOTAL: \_\_\_\_\_

PAYMENT

Check (payable to VF) or Credit Card:  MasterCard  Visa  Am. Express  Discover

Name on Card \_\_\_\_\_ Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Total: \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

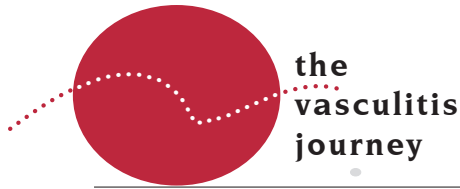
Signature \_\_\_\_\_

Confirmation: Written confirmation of your registration will be sent within 10 business days of receipt.

Substitutions: If a registrant is unable to attend, substitutions are welcome.

Refunds: Refund requests must be made in writing and **MUST be received no later than May 16, 2008.** After that time, we are sorry that no refunds can be made.

Pediatric Patients: A parent or legal guardian must accompany any patient under the age of 15 to the sessions. No children (except pediatric patients) will be allowed to attend the sessions. Children may attend the Friday evening reception and meals but must be registered and accompanied by a parent or guardian.



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## vasculitis symposium 2008 pre-event attendee survey

The Symposium provides the opportunity for our members to gather for an informative and fun weekend of learning and friendship. Please tell us what YOU hope to get out of the meeting. Your answers will help us in our planning efforts. We would like each attendee to complete a survey and return it to the VF office with your registration form.

1. Please indicate if you are a:

Patient \_\_\_\_\_ Diagnosed with: \_\_\_\_\_ Family/Friend \_\_\_\_\_ Medical Professional \_\_\_\_\_

2. If a patient, how many years have you been diagnosed? \_\_\_\_\_

3. Where do you have involvement (i.e. sinus, heart, skin, lung, kidney)? \_\_\_\_\_

4. What are the three most pressing medical/patient issues for you at the present time?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. What are the three most pressing issues for you as a caregiver?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. Please indicate which breakout sessions you plan to attend. (Choose five sessions.)

\_\_\_ Caregivers

\_\_\_ Complementary Medicine Sampler: exercise, yoga, meditation

\_\_\_ Ear/Nose/Throat Clinical Presentations

\_\_\_ Eyes

\_\_\_ Infertility

\_\_\_ Inhaler/tracheal stenosis/respiratory therapy/understanding test results/medication instructions

\_\_\_ Kidneys: Strategies for Maintaining Kidney Function

\_\_\_ Lungs

\_\_\_ Nutrition

\_\_\_ Pediatrics

\_\_\_ Pharmacology

\_\_\_ Rheumatology I: Remission: Getting there, staying there

\_\_\_ Rheumatology II: Quality of Life

\_\_\_ Rheumatology III: to be named

\_\_\_ Subglottic Stenosis

7. Do you have a question(s) you would like answered at the Symposium?

\_\_\_\_\_

8. If you could offer one sentence of advice/encouragement to another patient what would it be?

\_\_\_\_\_

9. If you could offer one sentence of advice/encouragement to another caregiver, what would it be?

\_\_\_\_\_

Please use additional sheets if needed. We welcome your comments. THANK YOU!