PROFESSIONAL REGISTRATION FORM

Cornelia de Lange Syndrome (CdLS) Clinic Day
Saturday 27 August 2016
8.30am to 5pm + optional dinner
Holiday Inn, Sydney Airport

Surname: _____

First name: _____

Title (Dr, Ms, Mr, etc): _____Professional field: _____

Address: _____

_____

Telephone: _____ Mobile _____

Email address: _____

Cost of Clinic Day: Free for members of the CdlS Association. ($25 to become a member).
$50 for non-members.

Do you wish to become an Associate Professional member of the CdLS Association?

Yes Please fill in the CdLS membership form at the end of these pages. Pay **$25** fee.

No I do not wish to become a member of CdLS Australasia**.** Pay **$50** for Clinic Day.

Select Payment Method

_____ **Cheque** enclosed (payable to CdLS Association (Australasia) Inc

_____ **Card:** Visa / Mastercard (circle)

Card number _____ Expiry date ____/_____

Name on card: _____ Signature _____

_____ **Direct deposit:**
Account name CdLS Association. BSB 062 245. Account number 10091486.
Please put your name in the reference window.

Accommodation
Are you staying at the Holiday Inn, Sydney Airport? Yes / No
Please book and pay for your accommodation directly with the Holiday Inn.
Instructions are on the CdLS Australia website and Facebook page.

Optional Dinner, Saturday 27 August at Holiday Inn
Delegates are encouraged to attend the conference dinner. Previous experience has shown this to be the highlight of the social side of our gatherings. Children under 12 years eat free.

Please read and sign Release Form

Liability, Information and Photo Release

All adults attending the 2016 CdLS Sydney Clinic Day must sign their consent to the following:

I release CdLS Association (Australasia) Inc., committee members, officers, and any other person acting on behalf of or acting or purporting to act as agent of CdLS Association (Australasia) Inc. including volunteers, from any liability whatsoever arising from any conduct including any alleged negligence by act or omission of CdLS Association (Australasia) Inc. and of any other person acting on behalf of or acting or purporting to act as agent of CdLS Association (Australasia) Inc. in connection with my attendance, and the attendance of any member of my family, at the 2016 Clinic Day.

I give permission to CdLS Association (Australasia) Inc. to release my name to professionals participating in the 2016 Clinic Day.

I give permission to CdLS Association (Australasia) Inc. to use my name and image (photographs and/or video) as well as that of family members at the 2016 Clinic Day in any CdLS Federation publication.

Requires the dated signatures of each attending adult below:

Name _____Signed _____Date _____

Name _____Signed _____Date _____

Name _____Signed _____Date _____

Name _____Signed _____Date _____

Please post all forms to:
CdLS Clinic Day Registration
46 Elanora Rd
Elanora Heights NSW 2101

CdLS Association (Australasia) Inc. Membership Form
Membership Fee $25

Date: _____

I wish to become a Financial Member / renew membership

I wish to become an Associate Member (Professionals) / renew membership

NAME:_____

Telephone:_____Mobile_____

Email: _____

ADDRESS: _____

State:_____ Postcode: _____ Country: _____

NAME and birthdate of PERSON WITH CdLS:
_____

NAME(S) & Birthdate(s) of siblings:

_____

_____

_____

_____

I am a parent_____ : Grandparent _____ : Relative _____ :

Professional (incl. Field) _____

Other (specify)
_____

I give permission for the release of my name to other families for the purpose of mutual support:
yes / no

Signature: _____

Membership fee are to be included with the Clinic Day registration form.

Please post all forms to:
CdLS Clinic Day Registration
46 Elanora Rd
Elanora Heights NSW 2101