

Welcome to our 1ST Annual AboutFace Conference!

Inspiration 2006

We need this information in order to organize the conference.

Please fax it back to us asap at 416.597.8494

PLEASE LIST ALL THE PEOPLE ATTENDING THE EVENT BELOW:

Participant(s) (includes: parents, caregivers, HCP's, grandparents etc.)

<u>First Name</u>	<u>Last Name</u>	<u>Allergies</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Adult(s) with a Facial Difference (attending Adult Workshop Series: You Beyond the Difference-Session #1)

<u>First Name</u>	<u>Last Name</u>	<u>DOB(m,d,y)</u>	<u>Condition</u>	<u>Allergies</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Child's or Teen's First Name</u> (ages 6-17yrs only)	<u>DOB (m,d,y)</u>	<u>Condition (if applicable)</u>	<u>Allergies</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Daycare Child's First Name</u> (ages 0-5yrs. only)	<u>DOB (m,d,y)</u>	<u>Condition (if applicable)</u>	<u>Allergies</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Special Medical Needs (i.e. trachea) if applicable or Health Concerns (restrictions on physical activities etc.)

For health reasons the event will be nut-free both days.

<u>Name:</u> _____	<u>Medical Need/Health Concern:</u> _____
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If you have questions, please contact Donna at 1.800.665.3223 ext. 23 or donnab@aboutfaceinternational.org