

# CJD Foundation Family Conference July 10 to 13, 2020 – Washington Court Hotel

**Register Online at <https://secure.qgiv.com/event/2020-conference>**

**Registration forms may also be returned by US Mail:** CJD Foundation, 3634 W. Market Street, Suite 110, Akron, Ohio 44333

**EMAIL:** Scan the completed form and email to [help@cjd.foundation.org](mailto:help@cjd.foundation.org) **FAX:** 234-466-7077 **PHONE:** 800-659-1991

## GENERAL INFORMATION (Please Print – One Form Per Person)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Registration confirmation will be sent via email, please call us if you do not receive a confirmation.*

I'm attending (Circle one: In honor of/In memory of) ☐ Not Applicable

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*If you'd like us to include a photo of your loved one on our conference banner, please email it in a JPG format to [help@cjd.foundation.org](mailto:help@cjd.foundation.org) by June 19, 2020.*

*\*Not necessary if you submitted a photo last year.*

## I WILL ATTEND THE FOLLOWING: (Friday sessions begin at 12:15 p.m.)

*Please check yes or no for EACH meal or event. See [www.cjd.foundation.org](http://www.cjd.foundation.org) for the latest schedule.*

### Friday, July 10 (Choose either Sporadic or Genetic)

Sporadic Prion Disease Workshop or Yes ☐ No ☐

Genetic Prion Disease Workshop\* Yes ☐ No ☐

*\*only for families affected by a genetic prion disease*

Prion Disease Overview Yes ☐ No ☐

Bereavement Workshop Yes ☐ No ☐

Welcome Reception Yes ☐ No ☐

### Saturday, July 11

Breakfast Yes ☐ No ☐

Lunch Yes ☐ No ☐

Banquet Yes ☐ No ☐

If you are attending the banquet,  
do you require a vegetarian meal? Yes ☐ No ☐

### Sunday, July 12

Breakfast Yes ☐ No ☐

Lunch Yes ☐ No ☐

Advocacy Training Yes ☐ No ☐

### Monday, July 13

Capitol Hill Meetings Yes ☐ No ☐

*\*Meetings are scheduled between 8 a.m. and 4 p.m.*

## PAYMENT

*The conference fee until June 10 is \$205 per person. After June 10, it will be \$225 per person.  
We regret that we cannot provide refunds.*

Registration: \_\_\_\_\_ \$205 / \$225 = \$ \_\_\_\_\_

I would like to sponsor \_\_\_\_\_ = \$ \_\_\_\_\_

*Type of sponsorship (see brochure)*

My donation to help offset the actual per-person cost = \$ \_\_\_\_\_

**TOTAL = \$ \_\_\_\_\_**

### I would like to pay by:

☐ **Online**  
[www.cjd.foundation.org](http://www.cjd.foundation.org)

☐ **Check**  
Payable to the CJD Foundation

☐ **Credit Card**  
Visa, MasterCard, Discover or Amex

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV2 Code (3 digit code on the back): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

*Please complete ALL sections. Thank you!*

**HOTEL RESERVATIONS MUST BE MADE DIRECTLY WITH THE WASHINGTON COURT HOTEL, 202-628-2100**