

# The 20th Annual Prader-Willi Alliance of New York Conference

**April 30<sup>th</sup> & May 1<sup>st</sup> - Best Western Sovereign Hotel**

**1228 Western Avenue - Albany, New York**

## Family Registration Fee Schedule (all prices are in U.S. funds)

**Family Registration** (Up to THREE family members may attend for one fee!) :

\$ 35.00 for two days-\$25.00 for 1 day

\$ 15.00 for each additional family member (good for 1 or 2 days) (Example 4 family members = \$50, 5 = \$65, etc.)

**Discount:** "2010" paid members of the Alliance may deduct \$ 5.00 from the total due.

**Lunch:** \$ 13.00 per adult- Children's lunches are free for ages 13 and under.

**We have worked closely with the Best Western to provide healthful and appropriate meals.**

**Hotel reservations can be made by calling the hotel at (518) 489-2981.**

**Ask for the Special PWANY Conference Rate.**

**Please Note: ONE form per family. PLEASE PRINT LEGIBLY!**

**Name(s):** \_\_\_\_\_

List all names for whom you want a name tag.

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Fax #:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**No. in Attendance: Friday** \_\_\_\_\_ **Saturday** \_\_\_\_\_

**No. of Lunches: Friday:** \_\_\_\_\_ **Adult** \_\_\_\_\_ **Child**

**Saturday:** \_\_\_\_\_ **Adult** \_\_\_\_\_ **Child**

**Do you require companion care for an individual with PWS, or a sibling(s)?**

No ( ) Yes ( ) Age(s) \_\_\_\_\_

**Comments/Special needs:** \_\_\_\_\_

**Please indicate amount enclosed:**

**Registration:** \_\_\_\_\_ (fee) X **No. of days** = \$ \_\_\_\_\_

**Lunches:** \_\_\_\_\_ **No. of Adult(s)** \_\_\_\_\_ X \$13 = \$ \_\_\_\_\_

**Gala Dinner:** \_\_\_\_\_ **No. attending** \_\_\_\_\_ X \$28 = \$ \_\_\_\_\_

**Children's Gala Dinner Program:** **No. of children** \_\_\_\_\_ X \$5 = \$ \_\_\_\_\_

**Tax deductible donation:** \_\_\_\_\_ \$ \_\_\_\_\_

**Membership Dues (\$30 person or family of 3):** \_\_\_\_\_ \$ \_\_\_\_\_

**Sub total:** \_\_\_\_\_ \$ \_\_\_\_\_

**Deduct \$5 if a member in "2010"** \_\_\_\_\_ \$ \_\_\_\_\_

**Total amount enclosed:** \_\_\_\_\_ \$ \_\_\_\_\_

<b>LUNCH</b>	
Choice of one, each day, for each paid lunch.	
FRIDAY	SATURDAY
Chicken Noodle Soup	Vegetable Soup
Tuna Salad/Kaiser Roll	Roasted Vegetable Wrap
No. _____	No. _____
Chicken Noodle Soup	Vegetable Soup
Roasted Turkey Wrap	Grilled Chicken/Hard Roll
No. _____	No. _____
Apple Harvest Chicken Salad	Chicken Over Spinach Salad
Roll/Butter	Roll/Butter
No. _____	No. _____
<b>Children's Menu (13 &amp; under free)</b>	
Offerings are the same for both days.	
Grilled Chicken Over Garden Salad	
No. _____	No. _____
Garden Salad, Turkey Wrap	
No. _____	No. _____
Garden Salad, No/Bun Turkey Burger	
No. _____	No. _____
Child's Box Lunch (ages 2-6)	
No. _____	No. _____

<b>GALA DINER</b>	
(No. of each)	
Roast Prime Rib	( )
Bourbon Glazed Salmon	( )
Eggplant Parmesan	( )

Please send payment along with this registration form to:  
**Prader-Willi Alliance of New York, Inc., PO Box 222 Baldwinsville, NY 13027**  
 If you are registering after April 22<sup>nd</sup> or have questions, you must call our  
 Conference Coordinator, Linda LeTendre, at (518) 633-4781.