

The 18th Annual Prader-Willi Alliance of New York Conference

**Provider Day - May 1st - General Conference - May 2nd & 3rd - Best Western Sovereign Hotel
1228 Western Avenue - Albany, New York**

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

Professional Registration: \$75.00 For 1st Day, \$25.00 For 2nd Day

Discount: "2008" paid members of the Alliance may deduct \$ 5.00 from the total due.

Lunch: \$14.00 per adult

Membership Dues: \$20 -per person

**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 Conference Rate.**

Please Note: ONE form per person- **NO** group registrations

Name(s): _____

Organization/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____ Fax #: () _____

E-mail: _____

Attendance: May 1st May 2nd May 3rd

Lunches: May 1st May 2nd May 3rd

Comments/Special needs: _____

Please provide me with a Certificate of Attendance:

Please indicate amount enclosed:

Registration fee: \$ _____

Lunch: #of Days _____ X #Adult(s) _____ = _____ x \$14= \$ _____

Tax deductible donation: \$ _____

Membership Dues (\$20 person or family of 3): \$ _____

Sub total: \$ _____

Deduct \$5 if a member in "2008" \$ _____

Total amount enclosed: \$ _____

Send payment, along with this form, to:

Prader-Willi Alliance of New York, Inc., PO Box 1114, Niagara Falls, NY 14304

If you are registering after April 19th or have questions, you must call 800 442-1655.

LUNCH MENU

THURSDAY	FRIDAY	SATURDAY
Choice of one, each day, for each paid lunch		
Scrod New England Style No. _____	Stuffed Filet of Scrod No. _____	Grilled Salmon No. _____
Eggplant Parmigana No. _____	Lemon Herb Chicken No. _____	Chicken Parmigana No. _____
Home Style Meatloaf No. _____	Asian Vegetarian Stir Fry No. _____	Vegetarian Prima Vera No. _____

Office Use Only

Current Member Y N

Amount Due \$ _____

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**May 2nd & May 3rd - Best Western Sovereign Hotel
1228 Western Avenue - Albany, New York**

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

Family Registration: \$40.00 for two days - \$30.00 for 1 day
(Up to THREE family members may attend for one fee!) \$15.00 for each additional family member (good for 1 or 2 days)

Discount: "2008" paid members of the Alliance may deduct \$5.00 from the total due.

Lunch: \$14.00 per adult- Children's lunches are free ages 12 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 Conference Rate.**

Please Note: ONE form per family

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Fax #: () _____

E-mail: _____

Attendance: (how many) Friday # _____ Saturday # _____

Lunches: (how many) Friday: Adult _____ Child _____

Saturday: Adult _____ Child _____

Please provide me with a Certificate of Attendance:

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: \$ _____

Lunch: # of days _____ X # of Adult(s) _____ = _____ X \$14 = \$ _____

Tax deductible donation: \$ _____

Membership Dues (\$20 person or family of 3): \$ _____

Sub total: \$ _____

Deduct \$5 if a member in "2008" \$ _____

Total amount enclosed: \$ _____

ADULT'S LUNCH MENU

FRIDAY

Choice of one, each day, for each paid lunch

Stuffed Filet of Scrod
No. _____

Lemon Herb Chicken
No. _____

Asian Vegetarian
Stir Fry
No. _____

SATURDAY

Grilled Salmon
No. _____

Chicken Parmigianino
No. _____

Vegetarian
Prima Vera
No. _____

Salad and Dessert Included

CHILDREN'S LUNCH MENU

Grilled Chicken
Over Garden Salad
No. _____

Whole wheat Bun
Turkey Burger w/salad
No. _____

Tuna Salad Plate
Pickle/lettuce/tomato
No. _____

Turkey Wrap
W/Salad
No. _____

Office Use Only

Current Member Y N

Amount Due \$ _____

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