

INFORMATION

HOTEL

We have a block of rooms available at the rate of \$229.00 plus tax. When making your reservations, please refer to the Coalition for Hemophilia B symposium for the discount rate. Millennium Hotel, 145 West 44th St, New York, (212) 789-7525 **Deadline: February 27, 2008**

Another nearby Hotel is the Milford Plaza, 270 West 45th St, New York, (212) 869-3600 (rates \$189.00)

PARKING

Valet Parking is available at the Hotel for \$45.00
Other parking garages are nearby for about \$30.00

SYMPOSIUM

Registration Deadline: **February 27, 2008**

Mail To: **Kim Phelan**

**The Coalition for Hemophilia B
825 Third Avenue, Suite 226
New York, NY 10022**

Or Email forms: Hemob@ix.netcom.com

9:00 AM - 5:00 PM - Babysitting services will be provided in room 4.10
next to the meeting room

9:00 AM - 12:30 PM - Morning Buffet - located outside conference room

1:30 PM - 4:30 PM - Afternoon Snack Buffet – outside of conference room

Contact Numbers: Kim Cell: (917) 582-9077
Wayne Cell: (518) 221-9174
Lisa Weiderman (518) 705-3005

BABYSITTING REGISTRATION FORM

Name of Child: _____ Age: _____

Please list ALL medical conditions and include ALL medications (including FACTOR), as well as any other information necessary to ensure your child's safety (i.e., special needs, etc.)

Parent(s) Name:

Cell Phone No.

Please list activities, movies and games your child enjoys as well as anything he/she may be afraid of: Also let us know what your child likes to eat for lunch, snacks and beverages.

REGISTRATION FORM

NAME: _____ Age: _____

Relation to Person with Bleeding Disorder (i.e., Self, Mother, etc) _____

Name of Family Members attending & Relation to Person with Bleeding disorder:	Age
---	-----

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Which member(s) of your family have Hemophilia B?	Age
---	-----

_____	_____
-------	-------

_____	_____
-------	-------

(Please note if person has inhibitors)

Contact Information:

Telephone: _____

Cell phone: _____

Emergency Contact Name: _____

Telephone number: _____

Do you authorize the use of any photographs that include yourself or family members (to be used for our newsletter, website)? _____ YES _____ NO