

SPF National Conference Registration Form



A Friday Night Dinner begins the LA Conference @ 6p.m. \$40.00 per person.

The Conference will be held Saturday morning and afternoon and Sunday morning. The schedule will include speakers on several subjects of broad interest, an interactive Chair Yoga experience, break out focus groups, vendor tables to visit,

and time to relax with old and new friends.

Keynote Speaker: Gary Karp “*Life on Wheels*” Gary is an internationally recognized public speaker, author, and editor. He has been living — fully — with a T12 spinal cord injury since 1973 when he was injured in a fall at the age of eighteen. Gary is going to tailor his talk towards our

group - people who make a sometimes long trek from having difficulty deciding to use a cane, then, postponing using a walker, until finally, finding freedom in using a wheelchair.

Featured Speaker: Dr. John Fink “*Current research and understanding of HSP and PLS---What’s New and Exciting*” Dr. Fink has been the Scientific Medical Advisor for the SPF since our founding. He was the recipient of an SPF research award in 2003 and again in 2006.

Hotel reservations: All of the information is on a separate sheet titled “LAX Hilton room reservation instructions”. There are four types of rooms available. Please reserve the type of room you need. Make your reservation by April 15th for the SPF rate of \$95 per night.

The Conference: Your \$55.00 per person registration fee includes Saturday lunch and Conference expenses.

----- *if mailing, please cut here* -----

SPF National Conference 2010 Registration Form

Mail-in Registration

Name attending: _____

Name attending: _____

Address: _____

Phone: _____ e-mail: _____

At the Conference I will be using a: Cane Walker Wheelchair or Scooter

I am an Ambassador for ____. I will attend the Sunday Ambassador breakfast meeting. yes/no

I (we) will attend the Friday night dinner _____ (# _____ @\$40.00 ea) \$ _____

I (we) will attend the Friday-Sunday National Conference (# _____ @\$55.00 ea.) \$ _____

Total registration fee: Friday dinner + National Conference = _____ \$ _____

Credit Card: _____ expires: _____ / _____

if paying by check, please make it out to: Spastic Paraplegia Foundation.

Mail to: Spastic Paraplegia Foundation
c/o Ms. Linda Gentner
1605 Goularte Pl.
Fremont, CA 94539