





# JUNE 14 – 16, 2019 REGISTRATION FORM

## PAYMENT

<input type="text"/>	# of Adults Attending (ages 13+)	X \$200* per adult	\$ <input style="width: 80%;" type="text"/>
<input type="text"/>	# of Children Attending (ages 12 & younger)	X \$100* per child	\$ <input style="width: 80%;" type="text"/>
		Additional Donation	\$ <input style="width: 80%;" type="text"/>
		<b>TOTAL PAYMENT</b>	<b>\$ <input style="width: 80%; border: 2px solid black;" type="text"/></b>

\*The registration fee is the actual cost that is charged by the hotel for meals and meeting expenses. Special thanks to Genentech for their grant to help reduce the fee from \$240 for an adult to \$200 and from \$135 for a child to \$100.

\_\_\_\_\_ Enclosed is a check in the amount of \$\_\_\_\_\_ made payable to the BCCNS Alliance.

\_\_\_\_\_ Please charge my credit card for \$\_\_\_\_\_ (Visa, Mastercard, Amex, Discover)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

## OPTIONAL FRIDAY NIGHT ACTIVITY

Plans are underway to organize an offsite group activity on Friday evening in Philadelphia for an additional cost. Please check here if you are interested and would like to receive information about the activity/cost once plans are confirmed.

## WAIVER

In consideration of the acceptance of this registration entry, I/we the undersigned, assume full responsibility for any injury or accident which may occur while I/we am/are attending this conference. I/we hereby release and hold harmless the sponsors, promoters, and all other persons and entities associated with this event from any and all personal injury or damage, whether it be caused by the negligence of the sponsors, promoters or other persons or entity. Applications for minors will be accepted only if signed by a parent or guardian.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For questions, please call the BCCNS Alliance office at 267.689.6443 or 6444 or email at [info@bccns.org](mailto:info@bccns.org).