

2004 Love & Science Family Conference Registration Form

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ LEUKODYSTROPHY _____

Non-smoking Smoking Vegetarian Handicapped accommodation

FEE SCHEDULE

Double occupancy (\$400 - \$500 per person)* includes registration fee, lodging, shuttle transportation, and meals

Single occupancy (\$700) includes registration fee, lodging, shuttle transportation, and meals

\$150 per day/person, no lodging required—attending on the following: Thursday Friday Saturday.

*Partial scholarships are available to ULF members, if there is an extraordinary need, double occupancy only. Each person is asked to pay as much of the \$500 cost as possible. When needed, a reduced rate is accepted and is determined by the participant. The minimum acceptable fee is \$400. Those wishing to book a private room must pay the \$700 fee.

GROUND TRANSPORTATION AND FLIGHT INFORMATION:

I/We will be driving to the conference. Approx. arrival date / time is _____

I/We will be using the FREE shuttle transportation between O'Hare International Airport – DeKalb on:

Wednesday July 14th between 12:00 noon and 5:00 p.m.

Sunday July 18th for flights scheduled to leave after 2:00 p.m.

Please arrange **alternate** shuttle transportation at \$65/person/trip (or \$75/couple/trip) according to my/our flight arrangements listed below.

I/We will arrange my/our own transportation from Chicago to DeKalb

WE MUST HAVE ALL FLIGHT INFORMATION TO ARRANGE SHUTTLE TRANSPORTATION

***** For lowest airfare, contact Jan at Carder Travel, 1-815-756-1547 *****

_____ Airline _____ Flight number **arriving** in Chicago _____ Date and time of arrival.

_____ Airline _____ Flight number **departing** from Chicago _____ Date/time of departure.

Registration deadline is June 30, 2004. After that date, enclose an additional \$25 per person late fee.

\$ _____ Registration Fee(s)

Check enclosed

\$ _____ Shuttle fee(s)

Charge my _____ MasterCard _____ Visa

\$ _____ Late fee (after 6/30)

Card # _____

\$ _____ Total

Exp. Date _____ Signature _____

Make checks payable to ULF Conference, and return registration to:

ULF Conference
2304 Highland Drive
Sycamore, IL 60178

FAX this registration form with
credit card information to
815-895-2432

ALL CANCELLATIONS **BEFORE 7/7** ARE ASSESSED A 10% PROCESSING FEE.
AFTER 7/13 A 20% PROCESSING FEE WILL BE ASSESSED.