

FAMILY
PACKET

NATIONAL FAMILY CONFERENCE

REGISTRATION PACKET



CdLS Foundation

Cornelia de Lange Syndrome Foundation, Inc.

302 West Main Street, #100 • Avon, CT 06001-3681
860.676.8166 • toll free: 800.753.2357 • fax: 860.676.8337 • www.CdLSusa.org

CdLS FOUNDATION NATIONAL FAMILY CONFERENCE

Join us for the Cornelia de Lange Syndrome (CdLS) Foundation National Family Conference, June 21-24, 2012. This year's conference theme is inspired by the Illinois state insect: the Monarch butterfly. The event aims to help individuals with CdLS *grow, transform* and *soar* to reach his/her potential.



Attendees have an opportunity to gain a wealth of knowledge on how to best care for their child with CdLS and meet other families facing similar challenges. Individuals with CdLS receive free head-to-toe consultations with experts from a range of medical and educational fields.

Not only will attendees be better equipped to face challenges throughout their children's lives, but they will also leave with a sense of belonging. There are many events throughout the conference that help connect families. There is a gathering for grandparents, separate get-togethers for moms and dads, an ice cream social, and a Saturday night banquet with food, dancing and fun for everyone.

Pre-conference fun

Come a day early and join us for a golf tournament, taking place at Crane's Landing, the resort's 18-hole golf course, on Wednesday, June 20. Call 800.753.2357 or email events@CdLSusa.org for more details or to participate.



QUESTIONS?

Call the Foundation office at 800.753.2357 or email familysupport@CdLSusa.org.

HOTEL INFORMATION

The conference takes place in Lincolnshire, IL, at the Lincolnshire Marriott Resort, located 45 minutes from Chicago's O'Hare International Airport and one hour from Midway Airport. Amenities include indoor and outdoor pools, exercise room, jogging trails, golf course, several on-site restaurants, and a Starbucks kiosk.

Guest Room Rates:

Provide the group code **CDLCDLA** to get the CdLS Foundation Conference rate and benefits.

Single and Double Occupancy: \$109.00 + tax.



To make hotel reservations:

Phone: 847.634.0100
Toll-free: 888.236.2427
Group Code: **CDLCDLA**

Reservation Deadline:

The hotel reservation deadline is **May 25.**

GENERAL INFORMATION

REGISTRATION

You must be pre-registered to attend the conference. The early bird registration deadline is **March 26**. The final deadline for registering is **May 17, 2012**.

The registration fee covers attendance at all workshops and general sessions, medical and educational consultations, and all meals from Thursday dinner through Sunday breakfast, including the Saturday banquet. (Tickets are available to purchase for non-registered guests to attend the Saturday banquet. See the registration form to purchase.) There is no registration charge for children or adults with CdLS.

Registration **does not** include the hotel reservation. Contact the hotel directly to make these arrangements. The *Kids Explore!* program for siblings is also extra.

CHILDCARE PROVIDER REGISTRATION: Available to individuals attending conference **solely** to provide childcare. If you take advantage of this discount option, childcare for the person with CdLS is not available.

ONE-DAY PROFESSIONAL REGISTRATION: This allows professionals from such fields as medicine, education and more an opportunity to attend Friday or Saturday general sessions and workshops. (This is not the same as the Scientific or Educational Symposia on Thursday. Professionals who wish to attend the symposia must contact the Foundation directly for a separate registration form.)

SPECIAL GUESTS/PRESENTERS/CONSULTATION PROVIDERS: Those attendees designated as special guests, or who are presenting at a workshop and/or providing consultation to families, do not have to pay the registration fee. However, they are required to fill out the registration and sign the release form.

Cancellation Policy: Any cancellations after **June 1, 2012**, are subject to a **\$50 charge per person**.

FIRST TIME ATTENDEES SCHOLARSHIPS

Scholarships are offered to families attending their first conference. Each scholarship is limited to the cost of registration for a maximum of two adults and two children. The scholarship does not cover travel, hotel or the *Kids Explore!* program. To apply for a scholarship, select the option under Special Requests on the registration form. Scholarships are awarded on a first-come, first-served basis. You will receive notice of the status of your request within two weeks. *Pre-payment of registration fees is not necessary if you apply for a scholarship.*

Deadline is March 26.

GRANDPARENT SCHOLARSHIPS

Two scholarships are available to cover the registration costs for up to two grandparents within the same family to attend. A drawing is held April 13. **Deadline is March 26.**

FUNDRAISING ASSISTANCE

Many community organizations are responsive to the needs of families wanting to attend conference. We urge families to seek financial support through your state ARC, local school systems, social service agencies, national/state disability programs, regional businesses, and/or service clubs, emphasizing the opportunity for the person with CdLS to be seen by a team of CdLS experts.

| REGISTRATION | EARLY-BIRD | AFTER 3/26 |
|---|------------|------------|
| Adult | \$320 | \$350 |
| Person providing childcare | \$220 | \$235 |
| Children under age 18 | \$170 | \$195 |
| Person with CdLS | No charge | No charge |
| One-day professional | \$250 | \$250 |
| Childcare options | | |
| <i>Kid Explore!</i> (ages 5– 17) | \$95 | \$110 |
| Tiny Tots and childcare for people with CdLS (all ages) | No charge | No charge |

CONFERENCE AGENDA

| | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|------|---|---|--|--------------------------------------|
| 7am | | 7-8 ³⁰ Breakfast | 7-8 ³⁰ Breakfast | 7-9 ³⁰ Farewell Breakfast |
| 8am | | | | |
| 9am | | 9-10 ³⁰ Medical and Research Updates | 9 ¹⁵ -10 ¹⁵ Communication 9 ¹⁵ -12 ¹⁵ Protected Tomorrows | |
| 10am | | | | |
| 11am | | 10 ⁴⁵ -11 ³⁰ Genetics, Behavior & Gastrointestinal Issues * | 10 ³⁰ -11 ¹⁵ Nutrition | |
| noon | | 11 ³⁵ -12 ²⁰ Genetics, Behavior & Gastrointestinal Issues* | 11 ¹⁵ -12 ¹⁵ ABC's of Feeding & Communicating without Words* | |
| 1pm | | 12 ³⁰ -1 ³⁰ Lunch | 12 ³⁰ -1 ³⁰ Lunch | |
| 2pm | Registration Opens | 1 ⁴⁵ -2 ⁵⁰ Grow with Me. The Success of Adults with CdLS | 1 ⁴⁵ -2 ⁴⁵ Candee Fick: Making Lemonade | |
| 3pm | | 3-3 ⁴⁵ Successful Fundraising, Mildly Affected Youth, Grandparents Perspective & Strategic Planning* | | |
| 4pm | 4-4 ⁴⁵ First-Time Families Orientation | 4-4 ⁴⁵ Successful Fundraising, Planned Giving & Strategic Planning* | | |
| 5pm | 5-7 Pasta Dinner | 4 ⁴⁵ -6 Meet the Experts 5-7 Dinner | | |
| 6pm | | | | |
| 7pm | 7-8 Childcare Orientation | 6 ⁴⁵ -8 Moms Meeting 7-9 Ice Cream Social | 6 ³⁰ -10 Banquet | |
| 8pm | | 8 ¹⁵ -9 ³⁰ Dads Meeting | | |
| 9pm | | | | |
| 10pm | | | | |

KEY

- Workshop/Meeting
- General Session
- Food

Schedule is subject to change

* = multiple workshops at once

REGISTRATION FORM

MAIL OR FAX COMPLETED FORM WITH PAYMENT

GENERAL INFORMATION (Please print clearly)

Full name (or last name of family if registering a family) _____ First-time attendee(s)

Person with CdLS _____ Date of Birth (D.O.B) _____

Address _____

City _____ State _____ Zip Code _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Would you like to be included in our Conference Directory of attendees? Yes No

For families or multiple attendees, list all first/last names as they should appear on name tags.

Name: _____ D.O.B _____ Relationship to Person with CdLS: _____

Name: _____ D.O.B _____ Relationship to Person with CdLS: _____

Name: _____ D.O.B _____ Relationship to Person with CdLS: _____

Name: _____ D.O.B _____ Relationship to Person with CdLS: _____

Name: _____ D.O.B _____ Relationship to Person with CdLS: _____

TRAVEL RELATED INFORMATION (You must reserve a room directly with the hotel)

Will you be staying at the Marriott? Yes No # Nights Reserved _____ #Rooms Reserved _____

Please indicate when you expect to arrive at the hotel: Date: ___/___/___ Time: _____ am/pm

Please indicate when you are planning to leave the hotel: Date: ___/___/___ Time: _____ am/pm

SPECIAL REQUESTS

First-Time Attendees Scholarships: Grandparent Scholarship: \$ _____ amount requesting (deadline March 26)

How many of the following will you need? Booster seats _____ High chairs _____

Please Indicate: food allergies vegetarian/vegan

CONFERENCE REGISTRATION FEES

Conference registration fees cover all meals from Thursday dinner through Sunday breakfast, all conference workshops and sessions, and professional consultations.

| REGISTRATION | EARLY BIRD | REGULAR (after 3/26) | # OF ATTENDEES | TOTAL |
|----------------------------|------------|----------------------|----------------|-------------|
| Adult(s) | \$ 320 | \$ 350 | _____ | \$ _____ |
| Person providing childcare | \$ 220 | \$ 235 | _____ | \$ _____ |
| Children under 18 | \$ 170 | \$ 195 | _____ | \$ _____ |
| One Day Professional | \$ 250 | \$ 250 | _____ | \$ _____ |
| Person(s) with CdLS | no charge | no charge | _____ | \$ <u>0</u> |
| Presenter/Consult Provider | no charge | no charge | _____ | \$ <u>0</u> |
| Special Guest | no charge | no charge | _____ | \$ <u>0</u> |

ADDITIONAL SERVICES

| | | | | |
|---|-------|--------|-------|----------|
| <i>Kids Explore!</i> | \$ 95 | \$ 110 | _____ | \$ _____ |
| <i>Kids Explore!</i> (chaperone) | \$ 95 | \$ 110 | _____ | \$ _____ |
| Guests for Saturday Banquet (non-registered) | | \$ 40 | _____ | \$ _____ |
| Guests under age 18 for Saturday Banquet (non-registered) | \$ 25 | | _____ | \$ _____ |

Grand Total: \$ _____

PAYMENT METHOD

Check enclosed (payable to the CdLS Foundation). Please charge my Master Card Visa American Express

Account Number _____ Expiration Date ___/___/___

Signature _____ Security Code _____

CONSULTATION REQUEST FORM

MAIL OR FAX COMPLETED FORM

INFORMATION ABOUT THE PERSON WITH CdLS

Birthdate / / Is he/she attending conference? Yes No
mo day year

Dr. name Address Date

Has the diagnosis of CdLS been confirmed? Yes No If yes, _____

Has he/she seen a pediatric ophthalmologist? Yes No If yes, _____

Has he/she been seen by a pediatric dentist? Yes No If yes, _____

Pediatrician name and address: _____

Parent/Guardian Name(s): _____

MEDICAL CONSULTATION REQUEST FORM

Private, one-on-one consultations with a range of CdLS experts are offered free of charge during conference on Friday and Saturday. Historically, this unique service has given families reassurance and invaluable information in regards to specific medical, behavioral and educational concerns. Oftentimes, our specialists can provide direction to your child’s physicians, therapists and educators.

In preparation for conference, please identify your **top three** consultation choices from the following specialties:

- | | |
|---|--|
| <input type="checkbox"/> Behavior (please specify concern_____) | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine (adult issues) |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Neurology (seizures, headaches, etc.) |
| <input type="checkbox"/> Developmental Pediatrics | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Ear, Nose and Throat | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Education* | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Feeding (swallowing, oral motor skills, etc.) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Gastrointestinal Issues | <input type="checkbox"/> Speech-Language Therapy |
| <input type="checkbox"/> Genetics (for diagnostic questions) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Genetic Counseling (recurrence and prenatal questions) | <input type="checkbox"/> Other (please specify) _____ |

I am not seeking consultation at this time.

We will do our best to accommodate your requests.

You will have an opportunity to address additional concerns/issues at conference.

*If you chose education as one of your priorities above, provide us with the following additional information:

EDUCATIONAL CONSULT (Check all that apply)

If you are requesting an educational consult, please bring a copy of your child’s current IEP/ITP or 504 plan.

Child’s age _____ Child’s grade in school _____

Does your child have any of the following? Visual Impairment Hearing Impairment

Child’s primary means of communication? Speech Sign Language Gestures Pictures Objects

RELEASE FORM

RETURN WITH REGISTRATION

LIABILITY, INFORMATION AND PHOTO RELEASE

All adults attending the 2012 CdLS Foundation National Family Conference must complete this form.

- I release the CdLS Foundation, its employees, board members and officers, and volunteers from any liability whatsoever arising from any conduct including any alleged negligence by act or omission of the CdLS Foundation in connection with my attendance at the 2012 conference.
- I give permission to the CdLS Foundation to release my name to professionals participating in the 2012 conference.
- I give permission to the CdLS Foundation to use my name and image (photographs and/or video) as well as that of family members at the 2012 conference to be published in CdLS Foundation publications.
- I give permission to the CdLS Foundation to use my name and image (photographs and/or video) as well as that of family members at the 2012 conference to be used for publicity purposes.

The dated signature of each attending adult is **required** below:

Printed Name _____ Signed _____ Date _____

Printed Name _____ Signed _____ Date _____

Printed Name _____ Signed _____ Date _____

Printed Name _____ Signed _____ Date _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

If a child is attending the 2012 CdLS Foundation Family National Conference, the child's Legal Guardian must sign a consent to the following:

In case of sudden illness or accident, and in case I cannot be reached, I, the undersigned legal guardian of a minor, have authorized (by virtue of my signature below) the Cornelia de Lange Syndrome Foundation, Inc. or a responsible adult designated by same, to take my child to the nearest physician for, and to consent to, treatment of the child, solely at my expense. I hereby fully release and discharge Cornelia de Lange Syndrome Foundation, Inc., its officers, directors, and agents, and each of them from any and all claims, demands, actions or causes, which may arise out of or is in any way connected with said treatment. I do hereby authorize the Cornelia de Lange Syndrome Foundation, Inc. or a responsible adult designated by same, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

The dated signature of the child's Legal Guardian is **required** below:

Printed Name of minor(s) _____

Printed Name of Parent and/or Legal Guardian _____

Signature of Parent and/or Legal Guardian _____ Date _____

ACKNOWLEDGMENT OF CHILDCARE POLICY

I acknowledge that I have read the CdLS Childcare Policy on page four and accept the terms of that policy.

Printed Name of Parent and/or Legal Guardian _____

Signature of Parent and/or Legal Guardian _____ Date _____

CHILDCARE PROGRAMS

“JINDI’S PLACE” (for individuals with CdLS)

Specially-trained volunteers provide on-site care for individuals with CdLS, including adults. Arrangements can be made for bottle and G-tube feedings only. No other meals/food are included. Parents pick up their child for lunch.



TINY TOTS (for siblings ages 6 months – 4 years)

On-site care for siblings managed by a professional childcare provider. Parents pick up their child for lunch.

KIDS EXPLORE! (ages five to 17 years)

Kids Explore! is a two-day program that lets children explore the best of the Chicagoland area including the Sears Tower, Children’s Museum, Shedd Aquarium, and Adler Planetarium. This all-day program involves a considerable amount of walking and standing. Individuals with CdLS (ages five and older) are invited to attend without charge; however, a registered adult caregiver (18 years or older) must accompany him/her at all times. The accompanying chaperone is charged the activity fee. Lunch is included.

CHILDCARE POLICY

- A.** Childcare options are offered to all individuals with CdLS at conference. Programs for children (ages six months to 17 years) who do not have CdLS are also available. Individuals must be pre-registered and meet the criteria for inclusion as developed by the Board of Directors. A person is not eligible for childcare if s/he requires one-on-one supervision, due to medical, behavioral, or other needs. If during the conference such needs occur for an individual in childcare, the Parent/Guardian will be contacted immediately and asked to remove the child from the childcare program. Childcare supervisors will have the authority to make this decision. Childcare will then become the responsibility of the Parent/Guardian for the remainder of the conference. As conference sessions may be audio or video taped, the participant(s) may be asked to move out of hearing distance during taping if a child is disruptive.
- B.** Acceptance to all programs is based on a first-come, first-served basis. The maximum number of individuals accepted into childcare will be determined by the number of care providers.
- C.** The same Parent/Guardian must sign individuals in and out of childcare.
- D.** Childcare is available only while Parents/Guardians are at conference-related activities. Parents/Guardians must be immediately accessible to childcare providers.
- E.** Parents/Guardians must administer all medications. Medications cannot be left with any childcare providers or child.
- F.** Snacks are not allowed in the childcare area.
- G.** Individuals who are ill (fever, cold, etc.) may not participate in childcare.
- H.** Individuals with CdLS may participate in the off-site childcare program if accompanied by an adult (18+), pending approval of childcare supervisor(s). Accompanying caregivers are responsible for their own activity-related entrance/admission fees and meals.
- I.** Participation in these programs is dependent upon acceptance of the childcare policy. Parents/Guardians must sign and return the registration and release forms by the registration deadline or risk being placed on a waiting list.
- J.** If you choose to bring your child to general sessions and workshops, we ask that disruptions be kept to a minimum. If your child cries or speaks loudly we appreciate your exiting the session until able to rejoin the group without interruption.

CHILDCARE REGISTRATION FORM

MAIL OR FAX COMPLETED FORM

Please read the Childcare Policy on page 8 carefully before completing this form.

INFORMATION ABOUT THE INDIVIDUAL WITH CdLS (Please print clearly)

Name _____ Birthdate ____/____/____ Name of Parent/guardian _____

Child's primary means of communication? Speech Sign Language Gestures Pictures Objects

Does your child speak English? Yes No Does your child understand English? Yes No

MEDICAL INFORMATION FOR INDIVIDUAL WITH CdLS

Parents/guardians must administer all medications. The medications cannot be left with childcare providers or child.

Does your child use? G-tubes Hearing Aid Walker Wheelchair Other _____

List any allergies your child may have _____

List any special needs your child may have _____

Briefly describe your child's activity level and entertainment preferences (i.e., music, puzzles, videos, walking):

CHILDCARE PROGRAMS FOR INDIVIDUALS WITH CdLS (Must select one of the following options)

- will participate in Jindi's Place Childcare. (Available for all **ages** of individuals with CdLS.)
- will participate in *Kids Explore!* program. (Available to individuals with CdLS ages 5 and over accompanied by a registered caregiver (age 18 or older). The accompanying caregiver will also be charged the activity fee.
- has his/her own caregiver (must be 18 yrs or older). Caregiver's name _____
- will be under my care and supervision.

CHILDCARE PROGRAMS FOR BROTHERS AND SISTERS

Child's Name: _____ Birthdate: ____/____/____ Sex _____

- will participate in Tiny Tots (ages 6 months - 4 years) will participate in *Kids Explore!* program (ages 5-17)
- Friday Saturday will be under my care and supervision.

Child's Name: _____ Birthdate: ____/____/____ Sex _____

- will participate in Tiny Tots (ages 6 months - 4 years) will participate in *Kids Explore!* program (ages 5-17)
- Friday Saturday will be under my care and supervision.

Child's Name: _____ Birthdate: ____/____/____ Sex _____

- will participate in Tiny Tots (ages 6 months - 4 years) will participate in *Kids Explore!* program (ages 5-17)
- Friday Saturday will be under my care and supervision.

PLEASE NOTE THE FOLLOWING:

- Please remember to provide diapers, a change of clothes and any other essential items or equipment for the childcare room. All items should be clearly labeled with child's full name, using your own labels or the labels provided in your registration packet.
- No food or snacks will be provided.
- Any child who is ill (fever, cold, etc.) may not participate in the childcare program.

The dated signatures of the child's Legal Guardian is **required** below:

Signature of Parent and/or Legal Guardian _____ Date _____

Emergency contact number at conference: Tel. _____ Tel. _____

CHILD CARE RELEASE AND WAIVER
KIDS EXPLORE!/TINY TOTS, JUNE 22 - 23, 2012 LINCOLNSHIRE, IL
(NOT FOR CHILDREN IN JINDI'S PLACE)



I/we, the undersigned parent(s)/guardian(s), in consideration of ACCENT on Children's Arrangements, Inc. ("ACCENT") providing the Tiny Tots and Kids Explore! for our child(ren)/ward(s), at the Cornelia de Lange Syndrome Foundation-USA, Inc. ("The Foundation") Corporate meeting in Lincolnshire, IL on June 22-23, 2012 as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and the Foundation, its officers, directors, employees and agents, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s presence in the children's activity programs except for gross negligence or willful misconduct on the part of ACCENT's officers, directors, employees or agents.

Furthermore, I/we agree to indemnify and to hold ACCENT and the Foundation harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child (ren)/ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against such claims. I/We authorize the Foundation and ACCENT to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations program. The video/photo may only be used by the Foundation or ACCENT. No further claims will be made buy me/us. ACCENT staff is present to assure the safety and well being of all program participants. All participants are expected to respect themselves, other people and their property. The Foundation and ACCENT are not responsible for acts caused by the willful misconduct of the youth. I/We hereby recognize and accept ACCENT's policies.

| | |
|----------------|-------|
| (Child's Name) | (Age) |
| (Child's Name) | (Age) |
| (Child's Name) | (Age) |

Our child (ren) has/have the following allergies, language and/or special needs:

PLEASE NOTE: Children who have fever or any communicable disease will not be accepted in the programs. ACCENT staff does not administer medication.

We have read the above and understand this release. Furthermore, in the event of an emergency, the Accent Staff has our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child. I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form.

| | |
|---------------------------------|---------------------------------|
| (Signature, Parent or Guardian) | (Signature, Parent or Guardian) |
| (Address) | () |
| (City) | (Phone) |
| (State) | (Zip) |

***My child(ren), 12 years or older, DOES_____ DOES NOT_____ have permission to return to their hotel room on their own at the conclusion of the tour. _____(Parent/Guardian Signature)

*This waiver is mandatory for participation in children's activity programs conducted by
 ACCENT on Children's Arrangements, Inc. 615 Baronne St., Suite 303, New Orleans, LA 70113*

CHECKLIST:

- Make hotel reservations (see page 2). Be sure to indicate the CdLS Foundation Conference Group Code CDLCDLA.
- Complete registration and relevant forms. Registration is not complete if page 7 is not signed.
- Return registration and payment (unless applying for scholarship) to 302 West Main Street #100 Avon, CT 06001 or fax to 860-676-8337. If paying by check, make payable to the CdLS Foundation.
- Email a headshot of your child to familysupport@CdLSusa.org, or include a hard copy with your registration.

You will receive a *Welcome to Conference packet* in early June.

IMPORTANT DEADLINES:

Early Bird Registration: March 26
Regular Registration: May 17
Hotel Reservations: May 25

QUESTIONS?

800-753-2357 or
info@CdLSusa.org



Grow. Transform. Soar.
