



Best Buddies Leadership Conference 2008

Indiana University - Bloomington, Indiana

July 18, 2008 - July 21, 2008

Chapter President Registration Form

(Please print legibly)

1. Legal Name: _____

(Please print FIRST and LAST name as it appears on your driver's license or other identification card)

2. Chapter/School: _____

3. BB Office: _____

4. Officer Position: _____

Chapter President

5. Gender: M or F

6. Date of Birth: _____

Month/Day/Year

7. Name of Program Manager: _____

8. T-Shirt Size: _____

9. Parent(s)/Guardian(s)' Names: _____

10. Parent(s)/Guardian(s)' Employer: _____

11. Parent(s)/Guardian(s)' Occupation/Title: _____

12. Work Address: _____

Street

City

State

Zip

13. Current Address & Telephone Number:

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Email: _____ What dates will you be at this address? _____

Telephone Number: () Cellular or Alternative: ()

14. Permanent or Summer Address & Phone Number: (TICKET WILL BE MAILED HERE, unless noted below)

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Telephone Number: () What dates will you be at this address? _____

15. Your flight itinerary will be mailed to you AFTER payment has been received. Which address should your flight itinerary be mailed to? Circle ONE: **Current** **Permanent** **Alternate (Below)**

16. ALTERNATE Summer Address & Phone Number: Where TICKET can be mailed (i.e. summer camp)

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Telephone Number: () What dates will you be at this address? _____

17. Departure airport that you prefer to leave from City: _____ Airport Code (3 letters): _____

Your flight may be booked as early as 6:00 am to ensure you ARRIVE in Indianapolis, IN before 2:00 pm on Friday, July 18, 2008 from the city/airport that you specify above.

18. Return airport that you prefer to return to City: _____ Airport Code (3 letters): _____

Your flight will be booked to ensure you DEPART from Indianapolis, IN after 2:00 pm on Monday, July 21, 2008 to the airport/city you specify above.

19. Are you taking medication? (Circle one)

YES

NO

If yes, what medications and dosage? Do you require reminding or assistance? Does the medication require refrigeration?

20. Do you use a wheelchair?

YES

NO

If yes, will you bring your own?

YES

NO

If yes, note the type of wheelchair.

In no, will you require a motorized wheelchair?

YES

NO

If you require special needs for traveling, please contact David Quilleon at Best Buddies Headquarters 1-800-892-8339.

21. Do you use a walker?

YES

NO

If yes, will you bring your own?

YES

NO

22. Are there any health concerns or issues we should be aware of during your conference stay (i.e. allergies)?

23. Please detail any dietary needs or concerns we should be aware of during your conference stay:

I understand that the use of alcohol and illegal drugs is strictly prohibited during the Best Buddies Leadership Conference. I agree to refrain from drinking alcohol or using ILLEGAL drugs. I also agree not to leave the Indiana University campus unless accompanied by Best Buddies Staff.

I understand that any changes and/or cancellations of my registration will result in the forfeit of the \$300 registration fee and the cost of my airfare, as well as any additional costs.

By my signature below, I hereby release Best Buddies International from any accident, injury, illness, or damages that occur at, during, or in connection with the Best Buddies Leadership Conference. Furthermore, I understand that I am responsible for the monies associated with the registration fee and the cost of my airfare.

Student's Signature: _____ Date: _____

Student's Legal Name: _____
(Please print FIRST and LAST name)

If you are under 18 year of age, your parent/legal guardian MUST sign this registration form giving you permission to attend the Best Buddies Leadership Conference.

Parent/Legal Guardian's Signature: _____

Parent/Guardian Name: _____ Date: _____
(Please print FIRST and LAST name)

Please make sure you have COMPLETED ALL FORMS and return this completed form by April 30, 2008 to your Program Manager. Your airplane ticket will be mailed to you in June or July AFTER your \$300 Leadership Conference Registration fee has been received. If you have any questions, please contact your Program Manager or David Quilleon at the Best Buddies Headquarters Office at 1-800-892-8339.

<i>For Internal Use ~ Best Buddies Program Manager please complete:</i>			
Circle ONE:	New Chapter	or	Existing Chapter
Circle ONE:	LC FEE Included	or	LC FEE NOT Included w/ explanation: _____
X			
PM signature confirming LC Forms are 100% COMPLETE			

Medical Release Form

* Please print legibly*

I, the undersigned, hereby authorize Best Buddies International, Inc., a District of Columbia Corporation, and its agents or assigns ("Best Buddies") to secure any medical care that should become necessary during the period commencing July 18, 2008, and ending July 21, 2008, which dates correspond to the Best Buddies Leadership Conference.

on behalf of _____, a student
Please write student's FIRST and LAST name.

aged _____ years who will be participating in this Conference as a representative from the Best Buddies

chapter at _____
Please PRINT complete name of School participant is representing.

I understand that Best Buddies International will only seek any such necessary medical care on Participant's behalf from duly licensed medical practitioners and hereby agree that Best Buddies International shall be indemnified and held harmless from any injuries, harm, damages, or expenses resulting from such action.

I accept responsibility for any necessary expense incurred in the medical treatment of the Participant that is not covered by participant's medical insurance named below:

POLICY HOLDER'S CONTACT INFORMATION:

NAME: _____ <small>(Please PRINT Policy Holder's Full Name, First and Last)</small>	_____ Relationship to Participant: (If "self", so state)
ADDRESS: _____	APT # _____
CITY: _____	STATE: _____ ZIP: _____
PHONE: (H) () _____ (W) () _____ (C) () _____	
Policy Holder's Signature: _____	DATE: _____

HEALTH INSURANCE COMPANY INFORMATION:

Health Insurance Company Name: _____
Policy Number: _____ Coverage: _____
Medical Number: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ <small>(Please print full name, FIRST and LAST)</small>	_____ Relationship to Participant
ADDRESS: _____	APT # _____
CITY: _____	STATE: _____ ZIP: _____
PHONE: (H) () _____ (W) () _____ (C) () _____	

Students OVER 18, please sign the Medical Release below.

If you are under 18 years of age, your parent/legal guardian MUST sign this medical release form.

Student's Signature (IF OVER 18) OR
 Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Name PRINTED: _____

Please return this completed medical release form, along with your Conference Registration Form and \$300.00 Registration fee to your Best Buddies Program Manager by April 30th, 2008.

Best Buddies International
19th Annual Leadership Conference
www.bestbuddiesleadershipconference.org

CREDIT CARD PAYMENT

The Best Buddies Leadership Conference Registration fee is \$300. If you are paying with a credit card, please complete the following form. Turn in this credit card form, the Medical Release Form and the Leadership Conference Registration Form (ALL 3 FORMS) to your Program Manager by April 30th, 2008, at your local Best Buddies Office.

OR

If you are submitting this payment separately from your conference forms, please mail this form directly to:

Best Buddies International
ATTN: David Quilleon
100 SE 2nd Street, Suite 2200
Miami, Florida 33131

Please PRINT Clearly.

Name of Card Holder: _____

Credit Card Number: _____

Expiration Date: _____ Amount: \$ _____

Signature: _____

Name of student attending conference: _____

Name of school the student is representing: _____

Please include City/State

Contact information (in case of questions)

NAME: _____ Phone Number: () _____

Best time of day to be reached: _____ () _____