



|   |   |   |
|---|---|---|
| For Office Use Only                     |   |   |
| Date:                                   | Received \$:                              | Confirmation Emailed:                     |
| Check #:                                | Card Code :                               |   |
| <input type="checkbox"/> Release Signed | <input type="checkbox"/> Research Request | <input type="checkbox"/> Kid / Teens Camp |
| Comments:                               |   |   |

## NODCC Disorders of the Corpus Callosum Conference 2020 REGISTRATION FORM

### CONFERENCE ATTENDEE INFORMATION

|                                 |                               |                          |   |
|---------------------------------|-------------------------------|--------------------------|---|
| <hr/> <b>#1 Adult Last Name</b> | <hr/> <b>Adult First Name</b> | <input type="checkbox"/> | <b>T-Shirt Size</b> Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> 2X Large <input type="checkbox"/> 3X Large<br><input type="checkbox"/> Attend Saturday Night Baseball Game <input type="checkbox"/> Special Dietary Needs _____   |
| <hr/> <b>#2 Adult Last Name</b> | <hr/> <b>Adult First Name</b> | <input type="checkbox"/> | <b>T-Shirt Size</b> Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> 2X Large <input type="checkbox"/> 3X Large<br><input type="checkbox"/> Attend Saturday Night Baseball Game <input type="checkbox"/> Special Dietary Needs _____   |
| <hr/> <b>#3 Adult Last Name</b> | <hr/> <b>Adult First Name</b> | <input type="checkbox"/> | <b>T-Shirt Size</b> Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> 2X Large <input type="checkbox"/> 3X Large<br><input type="checkbox"/> Attend Saturday Night Baseball Game <input type="checkbox"/> Special Dietary Needs _____   |
| <hr/> <b>#1 Child Last Name</b> | <hr/> <b>Child First Name</b> | <input type="checkbox"/> | <b>T-Shirt Size</b> Child <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large<br>Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Baseball Game<br><input type="checkbox"/> Special Dietary Needs _____ |
| <hr/> <b>#2 Child Last Name</b> | <hr/> <b>Child First Name</b> | <input type="checkbox"/> | <b>T-Shirt Size</b> Child <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large<br>Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Baseball Game<br><input type="checkbox"/> Special Dietary Needs _____ |
| <hr/> <b>#3 Child Last Name</b> | <hr/> <b>Child First Name</b> | <input type="checkbox"/> | <b>T-Shirt Size</b> Child <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large<br>Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Baseball Game<br><input type="checkbox"/> Special Dietary Needs _____ |
| <hr/> <b>#4 Child Last Name</b> | <hr/> <b>Child First Name</b> | <input type="checkbox"/> | <b>T-Shirt Size</b> Child <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large<br>Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Baseball Game<br><input type="checkbox"/> Special Dietary Needs _____ |

|                             |  |
|-----------------------------|--|
| <hr/> <b>Address</b>        | <hr/> <b>City</b>  |
| <hr/> <b>State/Province</b> | <hr/> <b>Zip/Postal Code</b>   |
| <hr/> <b>Home Phone</b>     | <hr/> <b>Country</b>   |
| <hr/> <b>Cell Phone</b>     | <hr/> <b>Email</b> (Confirmation & other info will be emailed, not mailed) |

### REGISTRATION:

(3-Day Conference Fri, Sat, Sun) Registration includes lectures, discussions, Fri lunch, Fri dinner, Sat & Sun lunch, Sat Night Baseball Game, Kids & Teens Camps

**No registration fee required for children under the age of 2 years. Childcare IS NOT AVAILABLE for children under the age of 2 years**

**Join the NODCC now to save on conference registration. For details see [www.nodcc.org](http://www.nodcc.org)  
NODCC Membership Discounts on Conference Registration Fees**

- \$ 100 Growth: 10% discount for **one** person (\$27.50 savings)
- \$ 250 Momentum: 20% discount for **one** person (\$55.00 savings)
- \$ 500 Leadership: 25% discount for **one** person (\$68.75 savings)
- \$1,000 Guiding: Free admission for **one** person (\$275.00 savings)

|                                  | #Attending               |   | Until March 20                         | March 21-May 15                        | May 16-June 5                          | At the Door                            | Total Amount                                |
|----------------------------------|--------------------------|---|--|--|--|--|---|
| Adult per person (age 18+)       | <input type="checkbox"/> | X | <input type="checkbox"/> \$ 275.00 USD | <input type="checkbox"/> \$ 325.00 USD | <input type="checkbox"/> \$ 375.00 USD | <input type="checkbox"/> \$ 450.00 USD | = <input style="width: 50px;" type="text"/> |
| Teen per person (age 13-17)      | <input type="checkbox"/> | X | <input type="checkbox"/> \$ 275.00 USD | <input type="checkbox"/> \$ 325.00 USD | <input type="checkbox"/> \$ 375.00 USD | <input type="checkbox"/> \$ 450.00 USD | = <input style="width: 50px;" type="text"/> |
| Child per person (age 3-12)      | <input type="checkbox"/> | X | <input type="checkbox"/> \$ 275.00 USD | <input type="checkbox"/> \$ 325.00 USD | <input type="checkbox"/> \$ 375.00 USD | <input type="checkbox"/> \$ 450.00 USD | = <input style="width: 50px;" type="text"/> |
| <b>Sub Total</b>                 |                          |   |  |  |  |  | = <input style="width: 50px;" type="text"/> |
| <b>Minus Membership Discount</b> |                          |   |  |  |  |  | = <input style="width: 50px;" type="text"/> |
| <b>Total Amount Due</b>          |                          |   |  |  |  |  | = <input style="width: 50px;" type="text"/> |

### PAYMENT OPTIONS All payments must be made in US dollars. We cannot accept checks or money orders drawn from banks outside the U.S.A.

- Visa    MasterCard    American Express    Check or Money Order Enclosed – Payable To: NODCC

|                                    |  |                            |
|------------------------------------|--|----------------------------|
| <hr/> <b>Credit Card Number</b>    | <hr/> <b>Credit Card Expiration Date</b> | <hr/> <b>Security Code</b> |
| <hr/> <b>Print Cardholder Name</b> | <hr/> <b>Cardholder Signature</b>        |                            |

➔ Attendees are required to sign the liability release on the back of form. Parents/Guardians must sign for those under age 18.  
(continue on back side)

**CANCELLATION POLICY**

Please register no later than March 20, 2020 to ensure admission and early bird rate. All registrations must be received in the NODCC Main Office no later than June 5, 2020. Thereafter, registration will be only available at the door for \$450.00 per person and will not include meals. 90% cancellation refund if requested in writing prior to April 15, 2020, 50% cancellation refund if requested in writing between April 16, 2020 and June 1, 2020. No refunds for cancellations received after June 1, 2020.

**DCC CONFERENCE PARTICIPATION WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

All attendees are required to sign the following participation waiver of liability and photography & videotaping release. Parents/Guardians must sign for attendees under age 18. Guardians must sign for attendees over age 18 as applicable.

I / We, the undersigned participant(s), have agreed to participate in the Disorders of the Corpus Callosum ("DCC") Conference 2020 that begins on June 26, 2020 and ends on June 28, 2020. The National Organization for Disorders of the Corpus Callosum, ("NODCC"), a Minnesota non-profit organization headquartered in the State of California, United States of America, is dedicated to working with individuals diagnosed with a Disorder of the Corpus Callosum and their families. This document shall be interpreted under and pursuant to the laws of the State of California.

Knowing, understanding, and fully appreciating all risks, I / We hereby expressly, voluntarily, and willingly assume all risks associated with my participation in the conference, including any and all losses, claims, or actions for any damages, theft, personal injury, sickness, disease, or death. The undersigned will pay any and all judgment decrees and costs, including attorney fees which may be rendered against or incurred by the DCC Conference 2020 board, membership, organizers, volunteers, agents, exhibitors or vendors in all actions or proceedings brought or caused by me / us.

The undersigned hereby expressly and unconditionally waives and releases the NODCC and all of its parents, subsidiaries, affiliates and partnerships, and their respective officers, directors, shareholders, partners, agents and employees, and their respective successors, heirs and assigns and each of them (individually and collectively, the "Released Parties") from any and all rights and claims against the NODCC and/or the Released Parties with respect to my participation and involvement in the DCC Conference 2020, including but not limited to any alleged or actual negligence and intentional conduct or omissions to the maximum extent allowed under law.

Any dispute or claim in law or equity arising out of this waiver and hold harmless agreement shall be decided by neutral, binding arbitration, except as provided by California law for judicial review of arbitration. The arbitration shall take place in the County of Orange, State of California in accordance with the rules of the American Arbitration Association.

**PHOTOGRAPHY, VIDEOTAPE, AUDIOTAPE RELEASE AUTHORIZATION**

I / We, the undersigned participant(s), acknowledge my / our image(s) may be photographed, videotaped and/or audio-taped during the course of the Disorders of the Corpus Callosum Conference 2020. I / We give permission for my / our photographed and videotaped image(s), audio recorded and printed survey comments during the DCC Conference to be printed, posted and/or published in official publications of the NODCC including but not limited to directories, brochures, website, announcements, and conference materials.

My / Our signature(s) on this document is intended to bind not only myself / ourselves, but also my / our successors, heirs, representatives, administrators, and assigns.

|                     |                  |             |
|---------------------|------------------|-------------|
| _____               | _____            | _____       |
| <b>Name (Print)</b> | <b>Signature</b> | <b>Date</b> |
| _____               | _____            | _____       |
| <b>Name (Print)</b> | <b>Signature</b> | <b>Date</b> |

**Signing for the Following Family Members:**

|                     |                     |
|---------------------|---------------------|
| _____               | _____               |
| <b>Name (Print)</b> | <b>Name (Print)</b> |
| _____               | _____               |
| <b>Name (Print)</b> | <b>Name (Print)</b> |
| _____               | _____               |
| <b>Name (Print)</b> | <b>Name (Print)</b> |

**PERSONAL NAME & CONTACT INFORMATION RELEASE AUTHORIZATION**

- I give permission for my name, city, state, country, phone, and email address to be shared with members of the NODCC Community, and provided to newly diagnosed families seeking connections with other families.
- I give permission for our contact information (phone number and email address) to be shared with other conference attendees.
- I am interested in participating in DCC research projects to be conducted during the conference. Please contact me with information.

|                     |                  |             |
|---------------------|------------------|-------------|
| _____               | _____            | _____       |
| <b>Name (Print)</b> | <b>Signature</b> | <b>Date</b> |

**Mail:** (Credit Card, Check, Money Order) **NODCC, PMB 363, 18032-C Lemon Drive, Yorba Linda CA 92886 USA**

**Scan & Email** (Credit Card Only) **conference@nodcc.org**

**Register Online:** [www.NODCC.org](http://www.NODCC.org)    **Questions or Further Information:** Phone 714-747-0063    **Online:** [conference@nodcc.org](mailto:conference@nodcc.org)