



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 2022 REGISTRATION FORM

CONFERENCE ATTENDEE INFORMATION

<hr/> #1 Adult Last Name	<hr/> Adult First	<input type="checkbox"/>	<input type="checkbox"/> T-Shirt Size 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 <input type="checkbox"/> Attend Saturday Night Anniversary Celebration <input type="checkbox"/> Special Dietary Needs _____
<hr/> #2 Adult Last Name	<hr/> Adult FCC	<input type="checkbox"/>	<input type="checkbox"/> T-Shirt Size 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 <input type="checkbox"/> Attend Saturday Night Anniversary Celebration <input type="checkbox"/> Special Dietary Needs _____
<hr/> #3 Adult Last Name	<hr/> Adult First Name	<input type="checkbox"/>	<input type="checkbox"/> T-Shirt Size 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 <input type="checkbox"/> Attend Saturday Night Anniversary Celebration <input type="checkbox"/> Special Dietary Needs _____
<hr/> #1 Child Last Name	<hr/> Child First Name	<input type="checkbox"/>	<input type="checkbox"/> T-Shirt Size 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 Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Anniversary Celebration <input type="checkbox"/> Special Dietary Needs _____
<hr/> #2 Child Last Name	<hr/> Child First Name	<input type="checkbox"/>	<input type="checkbox"/> T-Shirt Size 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 Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Anniversary Celebration <input type="checkbox"/> Special Dietary Needs _____
<hr/> #3 Child Last Name	<hr/> Child First Name	<input type="checkbox"/>	<input type="checkbox"/> T-Shirt Size 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 Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Anniversary Celebration <input type="checkbox"/> Special Dietary Needs _____
<hr/> #4 Child Last Name	<hr/> Child First Name	<input type="checkbox"/>	<input type="checkbox"/> T-Shirt Size 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 Age _____ <input type="checkbox"/> Kids/Teens Camp Registration <input type="checkbox"/> Attend Saturday Night Anniversary Celebration <input type="checkbox"/> Special Dietary Needs _____

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

REGISTRATION:

(3-Day Conference Fri, Sat, Sun) Registration includes lectures, discussions, Fri lunch, Fri dinner, Sat & Sun lunch, Sat Night Anniversary Celebration, 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
NODCC Membership Discounts on Conference Registration Fees**

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

	#Attending	Until March 1	March 2-May 15	May 16-June 5	At the Door	Total Amount
Adult per person (age 18+)	<input type="checkbox"/>	<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 type="text"/>
Teen per person (age 13-17)	<input type="checkbox"/>	<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 type="text"/>
Child per person (age 3-12)	<input type="checkbox"/>	<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 type="text"/>
Sub Total						= <input type="text"/>
Minus Membership Discount						= <input type="text"/>
Total Amount Due						= <input 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/> Credit Card Number	<hr/> Credit Card Expiration Date	<hr/> Security Code
<hr/> Print Cardholder Name	<hr/> Cardholder Signature	

➔ 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 1, 2022 to ensure admission and early bird rate. All registrations must be received in the NODCC Main Office no later than June 5, 2022. Thereafter, registration will be only available at the door for \$450.00 per person and will not include meals. 100% cancellation refund if requested in writing prior to April 15, 2022, 50% cancellation refund if requested in writing between April 16, 2022 and June 1, 2022. No refunds for cancellations received after June 1, 2022.

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 2022 that begins on July 1, 2022 and ends on July 3, 2022. 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 2022 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 2022, 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 2022. 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.

_____	_____	_____
Name (Print)	Signature	Date
_____	_____	_____
Name (Print)	Signature	Date

Signing for the Following Family Members:

_____	_____
Name (Print)	Name (Print)
_____	_____
Name (Print)	Name (Print)
_____	_____
Name (Print)	Name (Print)

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.

_____	_____	_____
Name (Print)	Signature	Date

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 **Questions or Further Information:** Phone 714-747-0063 **Online:** conference@nodcc.org