

Disorders of the Corpus Callosum Conference 2026 REGISTRATION FORM

CONFERENCE ATTENDEE INFORMATION

(Registration confirmation and other conference information will only be emailed to primary registrant - not mailed)
(Email address will be required to view the online schedule and participate the Whova interactive features during the 3-day conference)
(Parents whose children will attend the Kids or Teens Camps will receive a CKE registration link with conference registration confirmation)

#1 Adult Last Name Adult First Name Cell Phone Number Email Address

T-Shirt Adult S M L XL 2XL 3XL Special Dietary Needs _____

DCC Diagnosis Attend 3-Day Adults Living with a DCC Program / Age _____ Attend Siblings Program / Age _____

#2 Adult Last Name Adult First Name Cell Phone Number Email Address

T-Shirt Adult S M L XL 2XL 3XL Special Dietary Needs _____

DCC Diagnosis Attend 3-Day Adults Living with a DCC Program / Age _____ Attend Siblings Program / Age _____

#3 Adult Last Name Adult First Name Cell Phone Number Email Address

T-Shirt Adult S M L XL 2XL 3XL Special Dietary Needs _____

DCC Diagnosis Attend 3-Day Adults Living with a DCC Program / Age _____ Attend Siblings Program / Age _____

#1 Child Last Name Child First Name Age _____ **T-Shirt** Youth S M L Adult S M L

Attend Kids Camp (Age 2-12) Attend Teens Camp (Age 13-18) Attend Siblings Program (Age 12+)

Special Dietary Needs _____

#1 Child Last Name Child First Name Age _____ **T-Shirt** Youth S M L Adult S M L

Attend Kids Camp (Age 2-12) Attend Teens Camp (Age 13-18) Attend Siblings Program (Age 12+)

Special Dietary Needs _____

#1 Child Last Name Child First Name Age _____ **T-Shirt** Youth S M L Adult S M L

Attend Kids Camp (Age 2-12) Attend Teens Camp (Age 13-18) Attend Siblings Program (Age 12+)

Special Dietary Needs _____

#1 Child Last Name Child First Name Age _____ **T-Shirt** Youth S M L Adult S M L

Attend Kids Camp (Age 2-12) Attend Teens Camp (Age 13-18) Attend Siblings Program (Age 12+)

Special Dietary Needs _____

Address _____ **City** _____

State/Province _____ **Zip/Postal Code** _____ **Country** _____

REGISTRATION 3-Day Conference Thursday, Friday and Saturday includes admission to all lectures and discussion groups; Thursday dinner; Friday lunch and dinner; Saturday lunch and dinner/dance; 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.

**Join the NODCC and save on conference registration. For details see <https://nodcc.org/get-involved/become-a-member>
NODCC Membership Discounts on Conference Registration Fees (Based on Early Bird Rate)**

- \$100 Growth Membership Discount for one person (\$35.00) • \$ 500 Leadership Membership Discount for one person (\$85.00)
- \$250 Momentum Membership Discount for one person (\$65.00) • \$1,000 Guiding Membership Free admission for one person

	# Attending	Early Bird Registraton thru April 15	Advance Registration April 16 thru June 15	Last Chance Registration June 16 thru July 1	At the Door	Total Amount
Adult per person (age 18+)	<input type="text"/>	X \$ 325.00 USD	\$ 375.00 USD	\$ 450.00 USD	\$ 550.00 USD =	\$ <input type="text"/>
Teen per person (age 13-17)	<input type="text"/>	X \$ 325.00 USD	\$ 375.00 USD	\$ 450.00 USD	\$ 550.00 USD =	\$ <input type="text"/>
Child per person (age 2-12)	<input type="text"/>	X \$ 325.00 USD	\$ 375.00 USD	\$ 450.00 USD	\$ 550.00 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 in U.S. dollars. We cannot accept checks or money orders drawn from banks outside the U.S.

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

Credit Card Number

Credit Card Expiration Date

3 Digit Security Code

Print Cardholder Name

Cardholder Signature

➔ All Attendees are required to sign the liability release. Parents/Guardians must sign for those under age 18.

CANCELLATION POLICY

Cancellation requests must be writing emailed to conference@nodcc.org.

- 100% registration cancellation refund if requested in writing prior to May 1, 2026 (5:00 pm Pacific).
- 50% registration cancellation refund if requested in writing between May 2, 2026 and June 15, 2026 (5:00 pm Pacific).
- There are NO refunds for registration cancellations received after June 15, 2026.

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 National Organization of Disorders of the Corpus Callosum (“NODCC”) Disorders of the Corpus Callosum (“DCC”) Conference 2026, which begins on July 23, 2026 8:00 am and ends on July 25, 2026 11:00 pm. The 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 (DCC) 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 DCC Conference 2026, 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 2026, board of directors, 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 2026, 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)/voice(s) may be photographed, videotaped and/or audio-taped during the course of the NODCC DCC Conference 2026. I / We give permission for my / our photographed and videotaped image(s), audio recorded and printed survey comments during the DCC Conference 2026 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

Name (Print)

Signature

Date

Signing for the Following Family Members:

Name (Print)

Name (Print)

Name (Print)

Name (Print)

Name (Print)

Name (Print)

PERSONAL CONTACT INFORMATION RELEASE AUTHORIZATION

- Yes, I give permission to share my/our contact information with other families affected by callosal disorders
- Yes, I give permission to share my/our contact information with other conference attendees.
- I would like to serve as a contact for newly diagnosed families in my local area.
- I am interested in helping to organize a NODCC Community in my local area.
- I am interested in participating in DCC research projects to be conducted during the conference. Please contact me with information.

Name (Print)

Signature

Date

Name (Print)

Signature

Date

Name (Print)

Signature

Date

Register Online: <https://nodcc.org/conference-events/upcoming-conference>

Questions or Further Information: Email conference@nodcc.org
Phone 714-747-0063 (Leave Message)

Scan Form & Email to: conference@nodcc.org (Credit Card Only)

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