

# REGISTRATION FORM

Any questions please call: 800-789-9477 or 516-922-4022  
 E-mail: [info@hpsnetwork.org](mailto:info@hpsnetwork.org) Website: [www.hpsnetwork.org](http://www.hpsnetwork.org)

**Please return no later than Monday, March 2nd**

HPS Network, Inc.  
 One South Road, Oyster Bay, NY 11771-1905

**PLEASE BE SURE TO COMPLETE THE ENTIRE FORM !!!**

- I will attend Friday, Saturday and Sunday.  
 I will ONLY attend on Saturday or Sunday (Med. Lectures). Circle One \*\*  
 I am unable to attend but I would like to make a donation.

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Professional Field / Agency: \_\_\_\_\_

TOTAL NUMBER IN PARTY:    ADULTS: \_\_\_\_ CHILDREN: \_\_\_\_

EARLY REGISTRATION (through March 2)

	FEE per Person		# of Persons		SUBTOTAL
ADULTS	\$65.00	X	_____	=	_____
CHILDREN (12 & UNDER)	\$30.00	X	_____	=	_____
CIRCUS TICKETS (AGES 5-17)	\$20.00	X	_____	=	_____

REGISTRATION AFTER March 2

	FEE per Person		(No. Attending)		SUBTOTAL
ADULTS	\$75.00	X	_____	=	_____
CHILDREN (12 & UNDER)	\$50.00	X	_____	=	_____
CIRCUS TICKETS (AGES 5-17)	\$20.00	X	_____	=	_____

DONATION FOR RESEARCH OR TO SPONSOR A FAMILY = \_\_\_\_\_

GRAND TOTAL = \_\_\_\_\_

	NAMES OF ATTENDEES	AGE (IF UNDER 25)	NEED CHILDCARE?
1			
2			
3			
4			
5			
6			

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**\*\* Saturday ONLY attendees LUNCH ? Yes/No How many? \_\_\_\_\_**  
**DINNER? Yes/No How many? \_\_\_\_\_**  
**Sunday ONLY attendees LUNCH? Yes/No How many? \_\_\_\_\_**

## TRANSPORTATION

The HPS Network offers **FREE** airport pick-up and return on Friday-Sunday. You may include your itinerary below or you can call or email the flight information. Please remember to include; Airport, airline, flight # and time for **BOTH** arrival and departure flights.

**At Registration you must check in with the TRANSPORTATION volunteers.**

	Flight Info.	Arrival	Departure
Airport	_____		
Airline	_____		
Flight #	_____		
Time	_____		
Cell Phone:	_____		

## SCRAPBOOKING SESSION

Are you interested in a **FREE** scrapbooking session? Please provide names and how many people. This session will be first come first serve.

First and Last Name \_\_\_\_\_

First and Last Name \_\_\_\_\_

**THANK YOU GRANDMA & GRANDPA FOR SPONSORING THIS SESSION!!**

## TRANSLATION SERVICES

The HPS Network offers **FREE** translation services. Please provide names of people in your group that need translation.

First and Last Name \_\_\_\_\_

First and Last Name \_\_\_\_\_

# **REGISTER NOW**

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**Send Registration form and checks payable to the HPS Network to:**

**HPS Network, Inc.  
One South Road  
Oyster Bay, NY  
11771-1905**

**Help the Network and register early!!**

**In today's economy many may be wondering if you can continue to participate in the conference.**

***Here are some suggestions:***

- make a presentation to your local Lions Club**
- ask your Commission for the Blind or the Lighthouse**
- ask your local Chamber of Commerce, Rotary Clubs, Boys and Girls Clubs and religious organizations**
- some medical insurance companies cover medical lectures**
- check to see if Conference travel and expenses can be tax-deductible as medical education**