

# Registration Form

Questions?

E-Mail: [info@hpsnetwork.org](mailto:info@hpsnetwork.org)

Call: 1-(800)-789-9477 or (516) 922-4022

★★★★★ **Early Registration Deadline Monday, February 11, 2019**

Events

I will attend:

The entire conference Friday + Saturday + Sunday

Friday How many will attend: Dinner @ 6:00 pm \_\_\_\_\_

Saturday How many will attend: Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Sunday How many will attend: Lunch \_\_\_\_\_

**Note: Please detail special meal needs/food allergies** \_\_\_\_\_

Contact

Name: \_\_\_\_\_ Number in Party | Adults \_\_\_\_\_ Children \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Attendants

Name: First / Last (Please Print Clearly)	Check box if First Timer	HPS circle Y/N	Age (if under 30)	Childcare Needed
1	<input type="checkbox"/>	Y or N		<input type="checkbox"/> Yes
2	<input type="checkbox"/>	Y or N		<input type="checkbox"/> Yes
3	<input type="checkbox"/>	Y or N		<input type="checkbox"/> Yes
4	<input type="checkbox"/>	Y or N		<input type="checkbox"/> Yes
5	<input type="checkbox"/>	Y or N		<input type="checkbox"/> Yes

Payment

Early Registration By Monday February 11, 2019

Late Registration after February 11

	Number of Persons	Subtotal	Fee Per Person	Number of Persons	Subtotal
Adult	\$125.00 x	= _____	\$150.00		_____
(Ages 12 and under) Child	\$ 75.00 x	= _____	\$100.00		_____
Immediate Family of Five or more	\$450.00 x	= _____	\$575.00		_____

Airport Car Service (Round Trip) - 1 rider = \$100. For travel Thurs - Mon / ea. additional rider = \$10.

**Donation Registration does not cover conf. cost. (Please help if you can!)**

★ Please make checks payable to The HPS Network ★

= GRAND TOTAL .....

If you are registering for car service:

- Please provide your flight itineraries below or you can forward them to us via email

Arrival in	Date	Time	Airline	Starting Airport / Landing Airport	Flight #
New York				/	

\*\*If your flight to New York connects, give Flight info: \_\_\_\_\_

Departure	/
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- Please provide a cell phone # : \_\_\_\_\_
- Any changes to schedule after Wednesday, March 6th on call 1 (516) 286-1669
- Conference ends 4pm Sunday. Please make flights accordingly.

The Network offers FREE translation services for Spanish-speaking attendees.

Please provide: Last Name \_\_\_\_\_

First Name \_\_\_\_\_

### TO DO LIST!!!!!!

### Make your travel arrangements

Submit to Network

Driving  Train  Plane

**Completed Form**  
 Include your travel information, or forward details to us after you book your travel accommodations.

**Hotel Reservation** Use Code "HYK" or book online at <http://tinyurl.com/hps2019>

**Check payable to:**  
 The HPS Network



**Marriott.**  
 LONG ISLAND HOTEL  
 & CONFERENCE CENTER

101 James Doolittle Boulevard  
 Uniondale, NY 11553  
 (516) 794-3800

Or Credit Card  
Name on the Card: \_\_\_\_\_

Type of Card: Visa \_\_\_ MC \_\_\_ AmEx \_\_\_

Account number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount to be Charged \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed

Mail this form to: **The HPS Network 1 South Road • Oyster Bay, NY 11771**