

PHELAN-MCDERMID SYNDROME INTERNATIONAL CONFERENCE EUROPE

Madrid 21-23 September 2018

Ortiz-Vázquez Auditorium. La Paz University Hospital



FAMILY GROUP REGISTRATION INSTRUCTIONS

In the case that they belong to a family group they must complete 2/3 registration forms:

- **Inscription 1:** One of the parents and their children must register.
- **Inscription 2:** Registration of the other parent.
- **Inscription 3:** Any other family member or friend

INSCRIPTION 1:

Check the boxes of the attendance registration for the scientific and medical Conference.

Check the social program boxes you want for you and your children (Fundaland, Warner Park, evening meal, Madrid tour...), in the box provided. Also tick the number of people who will attend each of the activities you have selected.

When you complete the form with your personal information, you must add your family relationship in the box of your NAME. Example: M^a Dolores (mother). **(IMAGE 1)**

Registration form **IMAGEN 1**

Last name *

Martínez Pérez

First Name *

M^a Dolores (mother)

IF YOU AREN'T A HEALTH PROFESSIONAL, the data that doesn't correspond to you, such as Work Center*, Specialty*, fill in that box with an X. In the Charge option choose Other. **(IMAGE 2)**

Work site * **IMAGEN 2**

X

Specialty *

X

Position *

Others

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FAMILY GROUP REGISTRATION INSTRUCTIONS

Indicate us in the corresponding section to NAMES OF CHILDREN AND ACTIVITIES, the Family Group's surnames, the name and surnames of you and your children, kinship, age and the activities to which each one wants to attend. **(IMAGE 3)**

Example:

Family Group López Gómez

M^a Dolores Gómez. Mother. Warner Park. Solidary Dinner.

Jaime López Gómez. Son. 5 years old. Fundaland. Warner Park.

Isabel López Gómez. Son. 3 years old. Leisure Days and Children's Activities Hospital. La Paz, Saturday 22.

CHILDREN NAMES & ACTIVITIES:

If you come with your children or relatives, please fill in here their names, ages, surnames and the activities they will attend

Family Group López Gómez M^a Dolores Gómez. Mother. Warner Park. Solidary Dinner. Jaime...

Intolerances or food allergies

Allergy to pistachios, Miguel

Need for adapted transport

IMAGEN 3

Indicate in the corresponding sections the food intolerances and the need for adapted transport. **(IMAGE 3)**

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FAMILY GROUP REGISTRATION INSTRUCTIONS

INSTRUCTION 2:

Check the boxes of the attendance registration for the scientific and medical Conference.

Check the boxes of the social program you want for yourself.

When you complete the form with your personal information, you must add your family relationship in the box of your NAME. (Example: Pedro – Father) **(IMAGE 1)**

IF YOU AREN'T A HEALTH PROFESSIONAL, the data that doesn't correspond to you, such as Work Center*, Specialty*, fill in that box with an X. In the Charge option choose Other. **(IMAGE 2)**

Indicate us in the corresponding section to NAME OF CHILDREN AND ACTIVITIES, the Family Group's surnames. Example: Family Group López Gómez. **(IMAGE 3)**

INSCRIPTION 3:

In the case that in addition to the parents a relative or friend of the family group would like to attend, he must complete the form in the same way as inscription 2, indicating in the NAME box, your relationship (Isabel – Grandmother) and indicating in the NAME OF CHILDREN AND ACTIVITIES box, also the Family Group. **(IMAGE 3)**