



Attendee Registration 2018 CMV Conference

September 23-25, 2018 Burlington, Vermont
cmv.usu.edu

DATE: _____

Registrant Information

Name: _____

Credentials: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Country: _____

Day Phone: _____

Email: _____

Please check ALL of the following entities that you represent:

- | | |
|--|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Advocacy Group |
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> Non-Profit Agency |
| <input type="checkbox"/> Student | <input type="checkbox"/> Hospital/Birthing Center |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> State Health Department |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Early Intervention Provider | <input type="checkbox"/> State Education Agency |
| <input type="checkbox"/> Family of a child affected by CMV | <input type="checkbox"/> Part C Agency/Program |
| <input type="checkbox"/> Policy Maker | <input type="checkbox"/> University |
| <input type="checkbox"/> Other, Please Specify: _____ | |

Children: Children are welcome at the conference, please notify us of their attendance by **August 15, 2018**.

Will you be bringing children to the conference?

- Yes No

Please list the ages of the children attending _____

Please list reasonable accommodations for children attending (e.g., wheelchair accessibility, ASL) _____

Parent Social: September 23 from 6-9pm.

Will you be attending?

- Yes, How many? _____
 No

Special Accommodations: Notice of any special needs must be made by August 15, 2018 to be accommodated. _____

Dietary requests _____

Participant List with contact information will be provided to meeting attendees only to enable networking opportunities and will not be distributed in any other way.

- Yes, my contact information may be included on the list.
 No, my contact information may not be included on the list.

Registration and CEU Rates

Main Conference (Sept. 24 & 25): Early rates good through August 1, 2018. Onsite registration will be available.

Physicians & University Faculty Early: \$225 Late: \$325

Other Professionals Early: \$100 Late: \$150

Parents, Family, Students Early: \$50 Late: \$75

Pre-Conference (Sept. 23): Onsite registration will be available.

Biology of the CMV Virus 12-1pm \$10

CMV 101 1:15-2:15pm \$10

Advocacy and IDEA: Protecting the Parent-School Relationship 12-2pm \$10

CMV Advocacy and Legislation 2:30-5:00pm \$10

Continuing Education Credits (CEU)

AAA, ASHA, and CHES \$15

TOTAL DUE: _____

Method of Payment Full payment is required with registration

1. Register online at: WWW.CMV.USU.EDU

2. Call 435-800-538-2663 or 435-797-0421

3. Send in this completed form with payment to:

USU Conference Services

PO Box 413135

Salt Lake City, UT

84141-3135

Principles of Participation

The right to participate in the CMV Conference is fundamental to ensuring open dialogue between all CMV stakeholders. The Meeting Co-sponsors encourage respectful dialogue as a key element of participation among all meeting participants. The CMV Conference opposes the disruption of any meeting sessions or events that results in the inability for dialogue to take place. The CMV Conference reserves the right to withdraw the name badge, and therefore deny access, to participants who do not adhere to these Principles of Participation.

I have read and agree to the Principles of Participation: (required)

Cancellation and Refund Policy

Refunds will be made to those registrants who must cancel, less a 50% processing fee. Written cancellation requests must be post-marked on or before August 1, 2018. No refunds will be made after that date. Substitutions are welcome at no charge (if additional payment processing is required, a \$25 processing fee will apply).

I have read and agree to the CMV Conference Cancellation & Refund Policy: (required)