



For those that prefer paper regis, In order for us to serve you better, please print and fill out this form COMPLETELY By June 1, 2023 There is NO Registration fee for Families ~ \$50 for Professionals

2023 FOD Family MeetUp PAPER REGISTRATION FORM

Location: [The Bethesda Hotel](#)

8120 Wisconsin Avenue Bethesda, MD 20814

[FOD Online Hotel Reservations](#) or call 301.652.2000

Attendees are responsible for making their own Hotel and Travel reservations

****Special room rate until May 30, 2023: \$ 109.00 +tax (2 dble beds or 1king) – including 2 days before/after MeetUp**

****If calling, You must state that you are attending the [FOD Support MeetUp](#) & confirm dates/price for each day**

IMPORTANT NOTES: When you make your [Hotel reservations](#), please indicate any special requests (ie., accessible rooms, etc). The hotel will make every effort to accommodate these requests. **DO NOT WAIT** to make reservation!

**Speakers will coordinate Hotel/Travel through [Deb](#)
Tentative Agenda**

- **Saturday June 24 Metabolic Sessions/Networking (lunch at 12p) 8am - 5 pm**

Hot Breakfast available from 7-8am for Registrants

Buffet Lunch on Saturday for ALL Registrants/Speakers

Agenda Topics and Speaker Updates [when confirmed] refer to: www.fodsupport.org and [our facebook Group](#)



Hot Breakfast and Lunch Buffet will be served on Saturday for Registrants. Snacks will be available during session breaks. Some low fat food options available: Please indicate **special food requirements by June 1st** (page 2) so we can let the Chef know the quantity needed.

****You MUST be registered for the conference to be served the meals and snacks****

Everyone older than 5 yrs old MUST be registered!

Total # of people Registering ____ [# of: affected child/adult __ Parents __ unaffected sibs __ Sitter __ Profs __ Other __]

There will be an unsupervised [children's activity room](#) (you will need to [provide your own supervision](#) by a familymember or sitter and [if you'd like them to join us for meals/snacks ALL must register below](#)). Mature Teens are encouraged to attend sessions – [all must register](#).

[Family Registrants](#) (State **SPECIFIC disorder (ie., MCAD,LCHAD CPT 2, Unclassified etc) , and **** star your name if you have an FOD; Tshirt sizes** (free w/ regis, adult unisex sizes) – S, M, L, XL, 2XL) [\[Professionals register Below\]](#)**

Name: _____ Age _____ Relationship: _____ List Specific FOD: _____	Adult Tshirt Size?	Name: _____ Age _____ Relationship: _____ List Specific FOD: _____	Adult Tshirt Size?
Name: _____ Age _____ Relationship: _____ Age _____ List Specific FOD: _____	Adult Tshirt Size?	Name: _____ Age _____ Relationship: _____ List Specific FOD: _____	Adult Tshirt Size?
Name: _____ Age _____ Relationship: _____ List Specific FOD: _____	Adult Tshirt Size?	Name: _____ Age _____ Relationship: _____ List Specific FOD: _____	Adult Tshirt Size?

PROFESSIONAL Registrants: Please provide us with the following information & **\$50.00 per professional registrant – pay using [Eventbrite link](#) or mail a check made out to 'FOD Group' and mail to Deb's address below. Tshirt is free with fee.**

EXHIBITORS please contact Deb for Booth Registration and Booth Fee information - deb@fodsupport.org

*Name _____

*Title _____

*Institution _____ *City, State _____

Phone # _____ *Email _____

FOD shirt ___ Size: Small ___ Med ___ Large ___ XLarge ___ 2XLarge ___

Families and Professionals:

attending Saturday Breakfast ___
attending Saturday session 8am – 5pm ___
attending Saturday Lunch ___

ORDER EXTRA SHIRTS for other familymembers: **\$10.00 per shirt and will be given out at MeetUp - Make check out to FOD Group) – mail ALL checks along with this form to Deb (see address below) by June 1, 2023**

FOD shirt : # of Small ___ Med ___ Large ___ XLarge ___ 2XLarge ___

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FAMILIES - CONTACT PERSON INFORMATION: Please provide all information in case there is a question regarding your registration.

*Name _____ *Address _____

*City _____ *State _____ Zip _____ *Phone # () _____

*Email: _____

Special Food Requirements (low fat, food allergies etc): _____

* # of your children that might use Activity Room Name of your sitter(s) _____

*Are your children registered [all 5+ yrs old MUST register]? ___ Yes ___ No *Are the Sitters registered? ___ Yes ___ No

Names of children & ages using Activity Room: _____

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_____ I cannot attend, but please accept this donation for the MeetUp \$ _____

_____ Volunteer to help with MeetUp ___ Yes ___ No

SEE YOU THERE!

Deb Lee Gould, MEd, Director
FOD Family Support Group
PO Box 54
Okemos, MI 48805
517.381.1940 deb@fodsupport.org

●● **IF Mailing: Registration Form & all Checks to Deb's address** ●●

DUE by June 1, 2023