

## 2016 Mini-Conference "Food: The Ins and Outs of Prader-Willi Syndrome"

DATE: November 11 thru 13, 2016

LOCATION: DoubleTree Hotel by Hilton, Pittsburgh Monroeville Convention Center  
101 Mall Blvd., Monroeville, PA 15146  
Phone 412-373-7300

Rate per night is \$119 plus 14% tax **Limited number rooms available for our rate.**

### TO RESERVE HOTEL ROOM

Call **412-373-3700** to reserve a room. Please advise hotel that you are with the Prader-Willi Association. A credit card number must be given to hold the room. **If you decide to check out prior to your reserved checkout date, hotel MUST be notified before or at check-in. Otherwise you could be charged \$119.00 plus tax. Complete cancellation of hotel rooms is by 4:00 p.m. day of arrival or you could be charged 1 night's stay plus tax.**

***The hotel HAS an indoor pool & hot tub!!!!***

CONFERENCE FEES: General Conference - **FREE TO PWSA of PA STATE CHAPTER MEMBERS**  
(includes meals) Out of state/non- members please call/email for rates!

**\*\*Hotel scholarships are available for PWSA of PA members on a limited basis.  
Please submit a scholarship application for consideration\*\***

### **Conference Schedule/Speakers - Subject to change**

November 11, 2016 Meet & Greet. Conference registration. 7:00 p.m. to 11:00 p.m.

November 12, 2016 Breakfast, Lunch

**SPEAKERS** - Discussion of gastrointestinal issues as they pertain to PWS.

Lauren Martin - Dietitian  
Katie Hartman - Speech Therapist  
Dr. Sima Suler - Medical Director, Children's Institute  
Dr. Roxanne Gross - Researcher

***Dinner & Dancing complete with DJ***

November 13, 2016

**Breakfast & Lunch  
Sharing & Swimming time!**

**Return ASAP:** Registration form, YAAP form, Waiver form, Scholarship form, & payment if applicable

Pennsylvania  
**PRADER-WILLI SYNDROME ASSOCIATION**  
*Still hungry for a cure.*

**2016 Mini-Conference Registration, November 11 - 13, 2016**  
**Deadline for registration forms to be returned is *Oct. 9, 2016***

\_\_\_ PARENT(S) \_\_\_ SERVICE PROVIDER \_\_\_ GRANDPARENTS \_\_\_ PHYSICIAN/SCIENTIST \_\_\_ OTHER

**ATTENDEES NAMES: (YAAP/YIP Participants are listed on separate form)**

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

(CONTINUE NAMES ON BACK OF FORM IF NECESSARY)

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Service Provider Name/Address (if applicable)** \_\_\_\_\_

**Is this your first time at a PWSA of PA event?** \_\_\_\_\_ **Is this your first PWS conference?** \_\_\_\_\_

**Do you need a refrigerator?** \_\_\_\_\_

Make checks payable to **PWSA of PA** and mail to:  
PWSA of PA, 104 Persimmon Place, Cranberry Township, PA 16066  
*Debbie Fabio at 724-779-4415 or Bonnie Azzara at 412-527-2097 for additional info/questions*  
*email Debbie: debpwsapa@yahoo.com*  
*email Bonnie: bonniepwsapa@yahoo.com*

***There is a separate form to register YAAP participants. Thank you!***

# YAAP REGISTRATION

(A program for youth & adults with PWS & their siblings)

**Deadline for registration forms to be returned is *Oct 9, 2016***

Parents/Guardians of individuals registering individuals in **YAAP** must complete both pages for **each** child to help ensure the safety & well being of the child/ward. **Feel free to make copies of this form.** The Authorization & Release of Liability Form can list all children on one form.

Name of person participating in **YAAP** \_\_\_\_\_

**Circle one:** M or F

**Age:** \_\_\_\_\_

**Circle one:** PWS - YES or NO

***There will NOT be a nurse present to administer medications. If your child requires medications during this program, you will be responsible to assure that your child receives it from you on time.***

Is individual **Diabetic**? YES or NO

Can this person perform own **Accuchecks**? YES or NO

Can this person perform own **injections**? YES or NO

**Any serious allergies or allergic reactions?** YES or NO **Allergic to:** \_\_\_\_\_

How severe are reactions? \_\_\_\_\_

Potential for anaphylactic shock? Yes or NO

Do they have their own Epi-Pen? Yes or NO

Need to take Benadryl? Yes or NO

Pet Allergies? Yes or NO

**Low calorie meals & snacks are provided for all participants.** Does this person have other special dietary requirements? (e.g., diabetic, lactose intolerance, gluten-free, etc.) \_\_\_\_\_

(NO FOOD can be brought into this program. Every attempt will be made to accommodate your listed request.)

List any serious physical/medical conditions or behavioral traits of which staff should be aware. (Runner, self-inflicting injuries, fire starter, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for dealing with behavioral problems if they arise. (Time-out, call parents, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is participant toilet trained? Yes or No

Does participants have toileting accidents? Yes or No

(If yes, feel free to bring additional clothing in a labeled bag & give directly to a volunteer.)