



# D.C. FLY-IN

SEPTEMBER 19 - 21, 2022

Washington, D.C.



Grant funding provided by



## Application Package

Return via email to: [Advocacy@pwsausa.org](mailto:Advocacy@pwsausa.org)

Attendees will be chosen on a first-come-first-served basis. Applicants who did not attend PWSA | USA's 2022 Volunteer Summit will receive priority status. Those who attended the Volunteer summit are still welcome and **highly encouraged** to apply. Because this event is funded by a generous grant, it is important that all attendees are actively engaged and participate in all areas of the D.C. Fly-In. By completing and signing this application, you agree to participate in all D.C. Fly-In activities. If attendee does not participate in all activities, your credit card on file will be charged a reimbursement fee of \$650 by PWSA | USA and attendee may be disqualified from participating in future PWSA | USA volunteer and/or advocacy events where costs are covered by PWSA | USA. It is highly advised, but not mandatory, that participants are fully vaccinated against the COVID-19 virus. Each Congressional office maintains their own policy surrounding COVID-19 vaccination requirements and without proof of vaccination, PWSA | USA cannot guarantee your meeting will take place in person.

**First Name, Last:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Primary Phone Number:**

Cell  Home

**Email Address:**

**How long have you been involved with PWSA | USA?**

0-3 Years  3-5 Years  5-10 Years  10-15 Years  15+ Years

**Please indicate at least one or more areas where you have helped PWSA | USA:**

- Fundraising     Parent Mentor     Advocacy     Projects     Administration/Clerical
- Education/Awareness     Public Relations/Communications/Marketing     Leadership
- Accounting     Graphic Design     Special Events     Other:

**If you are selected to participate in the first D.C. Fly-In, what do you hope to achieve?**

- How to speak with my elected official     How to best advocate for my loved one with PWS
- How to create, promote, and complete awareness/advocacy campaigns
- Opportunity to share “my” story
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## *D.C. Fly-In Air Travel & Hotel Information*

**Name (legal name on driver’s license):**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Primary Phone Number:**

Cell     Home

**Email Address:**

**Date of Birth:**

**Nearest Major Airport:**

**Flights will be scheduled to arrive on September 19, 2022, and depart on September 21, 2022**

Please indicate the best time of day to travel:

- Morning       Afternoon       Evening

TSA PreCheck:       Yes: \_\_\_\_\_       No

Airline Rewards Number: \_\_\_\_\_

Notes: \_\_\_\_\_

**Hotel Room Request:**

Unless otherwise specified, all rooms will be double occupancy. Single room are subject to a \$150 p/night surcharge, which will be collected at the time of booking. If you have a person with whom you would prefer to share a room with, please insert their name below. Otherwise, a roommate will be assigned to you. If you are bringing family members, you must do so at your own expense and advise PWSA | USA in writing below:

**Preferred Roommate:** \_\_\_\_\_

**I prefer Single Occupancy** (this will include a \$150 p/night surcharge)

**I will be bringing additional family members (please fill out their information below)**

*Travel, lodging, and meals paid for at your own expense*

Child's Name:

Child's Age:

Will they be attending the D.C. Fly-In Dinner?     YES     NO

Child's Name:

Child's Age:

Will they be attending the D.C. Fly-In Dinner?     YES     NO

Additional Family Member's Name:

Relationship:

Will they be attending the D.C. Fly-In Dinner?     YES     NO

Additional Family Member's Name:

Relationship:

Will they be attending the D.C. Fly-In Dinner?     YES     NO

*(Please also include your family member's dietary restrictions in the next section)*

I do hereby hold PWSA | USA harmless from any liability, whether civil or criminal, that may arise as a result of attending the D.C. Fly-In. I further hold harmless any individual, agency, business, or corporation that provides information, accommodations, food, and activities to PWSA | USA during the D.C. Fly-In. I do hereby agree to participate in all D.C. Fly-In activities. In the event I attend and do not participate in all D.C. Fly-In activities, I understand that PWSA | USA will charge my credit card on file in the amount of \$650 to reimburse PWSA | USA for expenses. Furthermore, I understand that not participating in the D.C. Fly-In may disqualify me from participating in future PWSA | USA volunteer events where costs are covered by PWSA | USA.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Dietary Restrictions

(PWSA | USA will make every effort to accommodate dietary restrictions, but cannot guarantee all requests will be granted)

**Please indicate any dietary restrictions for yourself below:**

- Gluten Free       Dairy Free       Vegan       Vegetarian       Keto  
 Other:

**Please indicate any dietary restrictions for your family members below (if applicable):**

**Child's Name:**

- Gluten Free       Dairy Free       Vegan       Vegetarian       Keto  
 Other:

**Child's Name:**

- Gluten Free       Dairy Free       Vegan       Vegetarian       Keto  
 Other:

**Additional Family Member's Name:**

- Gluten Free       Dairy Free       Vegan       Vegetarian       Keto  
 Other:

**Additional Family Member's Name:**

- Gluten Free       Dairy Free       Vegan       Vegetarian       Keto  
 Other:

## Credit Card Authorization Form

Please complete all fields below

*(If you are uncomfortable providing your credit card information below, please call  
Kristen Starkey at 941-487-6727 to provide your information over the phone)*

**Card Type:**

Visa     Mastercard     American Express     Discover

**Cardholder Name (as shown on card):** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVV:** \_\_\_\_\_

**Billing Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

In the event I attend and do not participate in all D.C. Fly-In activities, I, \_\_\_\_\_ understand that PWSA | USA will charge my credit card on file in the amount of \$650.00 to reimburse PWSA | USA for D.C. Fly-In expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## *PWSA | USA Media Release Form*

As part of this year's D.C. Fly-In, PWSA | USA staff will be taking photos and videos to share with our community through our website, newsletter, and social media pages.

Please check the box below **YES** or **NO** to give PWSA | USA permission when sharing to these various media outlets. We hope to utilize these images/ videos to encourage others in the PWS community to become a volunteer, raise awareness, and promote future events.

YES       NO

Name: \_\_\_\_\_



*Thank you!*

*Please email your completed application to  
[advocacy@pwsausa.org](mailto:advocacy@pwsausa.org)*