



D.C. FLY-IN

May 4-6, 2026
Washington, D.C.

Application Package



Return via email to: Advocacy@pwsausa.org

Participant Selection and Engagement Agreement

Attendees will be selected on a first-come, first-served basis. Preference will be given to:

- Applicants who have not previously attended a PWSA | USA in-person event.
- Applicants who are active members of PWSA | USA's Advocacy Committee.

As this is a grant-funded event, full participation is required. All attendees are expected to be actively engaged and to participate in all scheduled sessions and activities throughout the D.C. Fly-In. By completing and signing this application, you agree to participate fully in all components of the event. Failure to do so may result in being ineligible for future volunteer or advocacy opportunities where PWSA | USA provides financial assistance.

Travel and Lodging Acknowledgment

By signing and submitting this application, you acknowledge and agree to the following terms:

1. **Airfare:** Participants are responsible for securing their own airfare and for making their own travel arrangements.
2. **Hotel Accommodations:** PWSA | USA has secured a block of rooms for D.C. Fly-In participants at:
Yours Truly DC Hotel
1143 New Hampshire Ave NW, Washington, DC 20037
Phone: 202-775-0800
Nightly rate: \$319 (tax not included)
Participants are responsible for booking their own hotel/lodging accommodations. While the Yours Truly DC Hotel is our designated event hotel, attendees are welcome to stay wherever they prefer.
3. **Travel Scholarships:** **PWSA | USA will not book travel or lodging accommodations for D.C. Fly-In attendees, nor cover any upfront travel or lodging costs.** However, attendees may apply for a travel scholarship to help offset these expenses. Scholarships range from \$500 for an individual up to \$1,000 per family. *Scholarship recipients must sign for and receive their scholarship checks during event check-in.*
4. **Approval and Registration:** Upon approval of this application, participants will receive an email with additional registration details and instructions.

Applicants are advised to review the preliminary agenda on the next page of this application prior to submission.

2026 D.C. FLY-IN PRELIMINARY AGENDA

Monday, May 4, 2026

Arrival & Ambassador Training

Advocacy Ambassadors ONLY ½ day intense training session

Attendee arrivals

Tuesday, May 5, 2026

Advocate Training and Guest Panel Discussions

United We Brunch advocate welcome with keynote speaker

Congressional briefing overview and issue education

Media training: “How to Tell Your Story Effectively”

Evening networking reception and dinner with keynote speaker, sponsored by partners

Wednesday, May 6, 2026

Hill Meetings and Celebration

Senate and House meetings with Members and staff

Respite room for families with boxed lunch

Advocacy photo & media opportunities on the Capitol steps

Evening cocktail and awards reception honoring legislative allies

Please complete the information and questions on the following pages, then email your finished application to Advocacy@pwsausa.org.

PERSONAL INFORMATION

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 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 ☐ Other:
☐ Opportunity to share “my” story

PERSONAL INFORMATION

In order to develop tools to empower our diverse rare disease community, we are asking our participants to please select the response that best reflects their race and ethnicity.

1. What gender best reflects your identity?

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Prefer not to answer
- ☐ Other

2. Which race or ethnicity best describes you?

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White (Non-Hispanic)
- ☐ Two or More Races
- ☐ Other
- ☐ Prefer Not to Answer

3. Have you or a member of your family ever served on active duty in the US Armed Forces, Military Reserves, or National Guard?

- ☐ Yes (if yes, please indicate branch and level of service)
- ☐ No
- ☐ I don't know

ADDITIONAL INFORMATION

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

Will you be bringing additional family members with you?

☐ Yes (If yes, please fill out their information below) ☐ No

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)

Please indicate any dietary restrictions for yourself below.

☐ Gluten Free ☐ Dairy Free ☐ Vegan

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

Child's Name:

☐ Gluten Free ☐ Dairy Free ☐ Vegan

Child's Name:

☐ Gluten Free ☐ Dairy Free ☐ Vegan

Additional Family Member's Name:

☐ Gluten Free ☐ Dairy Free ☐ Vegan

Additional Family Member's Name:

☐ Gluten Free ☐ Dairy Free ☐ Vegan

MEDIA RELEASE

Please be advised that photographs and/or video recordings will be taken during the event and may be used in PWSA | USA's print and electronic publications, including but not limited to promotional materials, social media, websites, and newsletters.

By signing and submitting this application, I hereby grant PWSA | USA, its representatives, designees, and transferees, the irrevocable right to use and publish any photographs or video recordings of me—with or without my name—for any lawful purpose, including publicity, illustration, advertising, and web content.

CODE OF CONDUCT

PWSA | USA is committed to providing a welcoming, respectful, and collaborative environment for all participants. As representatives of the Prader-Willi syndrome community, all attendees are expected to demonstrate professionalism and integrity throughout the duration of the Fly-In.

By signing this application, you agree to adhere to the following standards of conduct:

1. **Respect:** Treat all attendees, speakers, staff, and partners with courtesy and respect at all times.
2. **Representation:** Conduct yourself in a manner that reflects positively on PWSA | USA and the broader rare disease community.
3. **Engagement:** Participate fully and actively in all scheduled meetings, briefings, and events.
4. **Confidentiality:** Respect the privacy of other participants and the confidentiality of any sensitive discussions or materials shared during the event.
5. **Compliance:** Follow all event guidelines, instructions from organizers, and applicable laws and regulations while participating in Fly-In activities.
6. **Professional Behavior:** Refrain from disruptive, discriminatory, harassing, or inappropriate behavior in any form, whether verbal, written, or physical.
7. **Substance Use:** The use of alcohol or other substances that may impair judgment or behavior during official Fly-In activities is strictly prohibited.

Violations of this Code of Conduct may result in immediate dismissal from the event and/or disqualification from future PWSA | USA programs, events, or volunteer opportunities.

By signing and submitting this application, you acknowledge that you have read, understand, and agree to abide by the PWSA | USA Code of Conduct.

SAFETY AND LIABILITY WAIVER

By signing and submitting this application, I acknowledge and agree to the following:

1. **Assumption of Risk:** I understand that participation in the PWSA | USA D.C. Fly-In involves travel and attendance at public and private venues, which may include inherent risks such as illness, injury, or other unforeseen events. I voluntarily assume all such risks associated with my participation.
2. **Health and Safety:** I agree to comply with all health, safety, and security instructions provided by PWSA | USA, event staff, and venue personnel. I further acknowledge that it is my responsibility to make any necessary arrangements or accommodations for my own health and safety during travel and participation.
3. **Release of Liability:** In consideration of being permitted to participate in the Fly-In, I hereby release, waive, and discharge PWSA | USA, its officers, directors, employees, volunteers, representatives, and partners from any and all claims, demands, or causes of action arising out of or related to any loss, injury, illness, or damage that may occur as a result of my participation in this event.
4. **Indemnification:** I agree to indemnify and hold harmless PWSA | USA and its representatives from any liability, costs, or damages, including reasonable attorney fees, that may result from my actions or failure to comply with event rules or instructions.
5. **Emergency Authorization:** In the event of an emergency, I authorize PWSA | USA and/or its representatives to obtain necessary medical assistance or treatment on my behalf. I understand that I am solely responsible for any medical costs incurred as a result.
6. **Acknowledgment:** I have read and fully understand this Safety and Liability Waiver. I am signing this document voluntarily and acknowledge that it is binding upon me, my heirs, executors, and assigns.

D.C. FLY-IN APPLICATION SIGNATURE

- ☐ *I have read and accept the event Participant Selection and Engagement Agreement.**
- ☐ *I have read and accept the event Travel and Lodging Acknowledgment.**
- ☐ *I have read and accept the event Media Release.**
- ☐ *I have read and accept the event Code of Conduct.**
- ☐ *I have read and accept the event Safety and Liability Waiver.**

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. 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: