



# THE RAYNAUD'S ASSOCIATION 2010 CONFERENCE

**Sat., July 31, 2010 BOSTON, MASSACHUSETTS**

## CONFERENCE REGISTRATION

### Location:

**Sheraton Hotel Boston  
39 Dalton Street  
Boston, Mass.  
800-325-3535**

The Raynaud's Association is partnering with the Scleroderma Foundation in creating a special Raynaud's Education & Support Day as part of the Foundation's annual National Patient Education Conference. Plan to participate in this unique and informative series of Raynaud's-specific workshops! The Raynaud's Education & Support Day is administered by the Scleroderma Foundation.



**Registration Fee:** Now through July 7: \$75. After July 7: \$85. Registration includes five Raynaud's-specific workshops, lunch, and breaks with refreshments.

Raynaud's Conference Workshops begin at 10:15 a.m. thru 5:30 p.m.  
Registration is open from 8:30 a.m. to 10:00 a.m.

### Consent Release To Use Conference Photos and Videos

We will be taking pictures and videos during the 2010 Raynaud's Association Conference and the 2010 Scleroderma Foundation National Patient Education Conference that we'd like to include in future newsletters, on our Web site, and in literature promoting our organizations and future events. In order to authorize our volunteers and representatives to do this at the Conferences, we need to know if it's okay for pictures including you at the event to be used for these purposes. Please pardon some of the legal language inserted by our lawyers, but we're told it's necessary.

Yes, I authorize the Raynaud's Association (RA) and the Scleroderma Foundation (SF) to use the photographs and videos referenced above for advertising and promotional purposes. I understand that I have not been promised, nor will I receive any monetary compensation for the use of my picture in these photos or videos. I agree to indemnify and hold the RA and the SF harmless for any claims as a result of the use of my picture in these materials.

No, I do not agree to the use of pictures or videos in which I'm included to be used for the above purposes.

## ATTENDEE INFORMATION

(One per person) Please print clearly.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street: \_\_\_\_\_

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

E-mail \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

### PAYMENT METHOD: (U.S. Dollars Only)

- I am paying by check (Please make payable to Scleroderma Foundation.)  
 I am paying by credit card.     VISA     Mastercard     American Express

Credit Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
*Name as it appears on card    Signature (required)    Today's Date*

I have read the Photo Authorization Release to the left of this form.

\_\_\_\_\_  
*Signature    Date*



Mail this registration form, ONE PER PERSON, to Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923. For more information or questions, please call the Foundation at 800-722-HOPE (4673).