



# Best Buddies Leadership Conference 2007

Indiana University - Bloomington, Indiana

July 20, 2007 - July 23, 2007

## Chapter President Registration Form

(Please print legibly)

1. Legal Name:

\_\_\_\_\_  
(Please print FIRST and LAST name as it appears on your driver's license or other identification card)

2. Chapter/School:

\_\_\_\_\_

3. BB Office:

\_\_\_\_\_

4. Officer Position:

Chapter President

5. Gender: M or F

6. Date of Birth:

\_\_\_\_\_  
Month/Day/Year

7. Name of Program Manager

\_\_\_\_\_

8. T-Shirt Size:

\_\_\_\_\_

9. Parent(s)/Guardian(s)' Name:

\_\_\_\_\_

10. Parent(s)/Guardian(s)' Employer:

\_\_\_\_\_

11. Parent(s)/Guardian(s)' Occupation/Title:

\_\_\_\_\_

12. Work Address:

Street

City

State

Zip

13. Current Address & Telephone Number:

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Email: \_\_\_\_\_ What dates will you be at this address? \_\_\_\_\_

Telephone Number: ( ) Cellular or Alternate: ( )

14. Parent or Permanent Address and Phone Number (Ticket will be mailed here unless noted below)

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Telephone Number: ( ) What dates will you be at this address? \_\_\_\_\_

15. Your flight itinerary will be mailed to you AFTER payment has been received. Which address should your flight itinerary be mailed to? Circle ONE: Current Permanent Alternate (Below)

16. ALTERNATE Summer or Address & Phone Number: Where TICKET can be mailed (i.e. summer camp)

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Telephone Number: ( ) What dates will you be at this address? \_\_\_\_\_

17. Departure airport (specify city & airport) that you plan to leave from:

\_\_\_\_\_  
Your flight will be booked to ensure you ARRIVE in Indianapolis, IN before 3:00 pm on Friday, July 20, 2007 from the city/airport you specify above.

18. Return airport (specify city & airport):

\_\_\_\_\_  
Your flight will be booked to ensure you DEPART from Indianapolis, IN after 2:00 pm on Monday, July 23, 2007, to the city/airport you specify above.

**19. Are you taking medication? (Circle one)**

YES

NO

If yes, what medications and dosage? Do you require reminding or assistance? Does the medication require refrigeration?

**20. Do you use a wheelchair?**

YES

NO

If yes, will you bring your own?

YES

NO

If yes, note the type of wheelchair.

If no, will you require a motorized wheelchair?

YES

NO

If you require special needs for traveling, please contact David Quilleon at Best Buddies Headquarters 1-800-892-8339.

**21. Do you use a walker?**

YES

NO

If yes, will you bring your own?

YES

NO

**22. Are there any health concerns or issues we should be aware of during your conference stay (i.e. allergies)?**

**23. Please detail any dietary needs or concerns we should be aware of during your conference stay:**

I understand that the use of alcohol and illegal drugs is strictly prohibited during the Best Buddies Leadership Conference. I agree to refrain from drinking alcohol or using ILLEGAL drugs. I also agree not to leave the Indiana University campus unless accompanied by Best Buddies Staff.

I understand that any changes and/or cancellations of my registration will result in the forfeit of the \$275 registration fee and the cost of my airfare, as well as any additional costs.

By my signature below, I hereby release the Best Buddies International from any accident, injury, illness, or damages that occur at, during, or in connection with Best Buddies Leadership Conference. Furthermore, I understand that I am responsible for the monies associated with the registration fee and the cost of my airfare.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
(Please print FIRST and LAST name)

**If you are under 18 year of age, your parent/legal guardian MUST sign this registration form giving you permission to attend the Best Buddies Leadership Conference.**

Parent/Legal Guardian's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please make sure you have COMPLETED ALL FORMS and return this completed form by April 30th, 2007 to your Program Manager. Your airplane ticket will be mailed to you in June or July AFTER your \$275 Leadership Conference Registration fee has been received. If you have any questions, please contact your Program Manager or David Quilleon at the Best Buddies Headquarters Office at 1-800-89-BUDDY or check our website at [www.bestbuddies.org](http://www.bestbuddies.org).

<b><i>For Internal Use ~ Best Buddies Program Manager please complete:</i></b>			
Circle ONE:	New Chapter	or	Existing Chapter
Circle ONE:	LC FEE Included	or	LC FEE NOT Included w/ explanation: _____
<b>X</b>			
PM signature confirming LC Forms are 100% COMPLETE			

**Leadership Conference 2007**  
**Medical Release Form**

Please print legibly

I, the undersigned, hereby authorize Best Buddies International, Inc., a District of Columbia Corporation, and its agents or assigns ("Best Buddies") to secure any medical care that should become necessary during the period commencing July 20, 2007, and ending July 23, 2007, which dates correspond to the Best Buddies Leadership Conference.

on behalf of \_\_\_\_\_, a student  
Please write student's FIRST and LAST name.

aged \_\_\_\_\_ years who will be participating in this Conference as a representative from the Best Buddies

chapter at \_\_\_\_\_  
Please PRINT complete name of school participant is representing.

I understand that Best Buddies International will only seek any such necessary medical care on Participant's behalf from duly licensed medical practitioners and hereby agree that Best Buddies International shall be indemnified and held harmless from any injuries, harm, damages, or expenses resulting from such action.

I accept responsibility for any necessary expense incurred in the medical treatment of the Participant that is not covered by participant's medical insurance named below:

**POLICY HOLDER'S CONTACT INFORMATION:**

<b>NAME:</b> _____ <small>(Please PRINT Policy Holder's Full Name, First and Last)</small>	<b>Relationship to Participant:</b> (If "self", so state) _____	
<b>ADDRESS:</b> _____	<b>APT #</b> _____	
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>PHONE:</b> (H) ( ) _____	(W) ( ) _____	(C) ( ) _____
<b>Policy Holder's Signature:</b> _____	<b>DATE:</b> _____	

**HEALTH INSURANCE COMPANY INFORMATION:**

<b>Health Insurance Company Name:</b> _____
<b>Policy Number:</b> _____ <b>Coverage:</b> _____
<b>Medical Number:</b> _____

**EMERGENCY CONTACT INFORMATION:**

<b>NAME:</b> _____ <small>(Please print full name, FIRST and LAST)</small>	<b>Relationship to Participant</b> _____	
<b>ADDRESS:</b> _____	<b>APT #</b> _____	
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>PHONE:</b> (H) ( ) _____	(W) ( ) _____	(C) ( ) _____

**Students OVER 18, please sign the Medical Release below.**

**If you are under 18 years of age, your parent/legal guardian MUST sign this medical release form.**

Student's Signature (IF OVER 18) OR \_\_\_\_\_  
Parent/Legal Guardian's Name PRINTED: \_\_\_\_\_

***Please return this completed medical release form, along with your Conference Registration Form and \$275.00 Registration fee to your Best Buddies Program Manager by April 30, 2007.***

**Best Buddies International**  
**18th Annual Leadership Conference**  
[www.bestbuddiesleadershipconference.org](http://www.bestbuddiesleadershipconference.org)

**CREDIT CARD PAYMENT**

The Best Buddies Leadership Conference Registration fee is \$275. If you are paying with a credit card, please complete the following form. Turn in this credit card form, the Medical Release Form and the Leadership Conference Registration Forms (ALL 3 FORMS) to your Program Manager by April 30, 2007 at your local Best Buddies Office.

**OR**

If you are submitting this payment separately from your conference forms, please mail this form directly to:

Best Buddies International  
ATTN: David Quilleon  
100 SE 2nd Street, Suite 2200  
Miami, Florida 33131

**Please PRINT Clearly.**

Name of Card Holder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Name of student attending conference: \_\_\_\_\_

Name of school the student is representing: \_\_\_\_\_  
Please include City/State

Contact information (in case of questions)

NAME: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Best time of day to be reached: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_