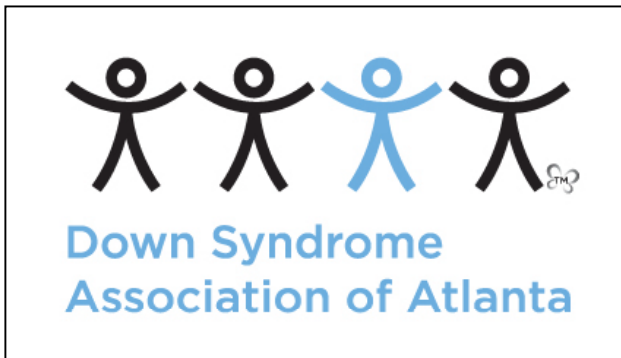


Mail-in Registration form for Atlanta Down Syndrome Research Conference
8:30 a.m. – 5:00 p.m., March 10, 2012 – Emory University School of Medicine,
James B. Williams Medical Education Bldg., Auditorium 110, 1648 Pierce Drive, Atlanta, GA 30332

Pricing:

DSAA lifetime members	Free
DSAA Down Syndrome Specialists	Free
DSAA Members in Good Standing	\$30.00
DSAA Members whose membership has lapsed	\$55.00
Non-Members	\$55.00



Today's Date: *required*

Contact Information:

First Name: *required*

Last Name: *required*

Email Address: *required*

Phone Number: *required*

Additional Comments: (i.e. diet restrictions)

Address:

Street: *required*

City: *required*

State: *required*

Zip Code: *req.*

Please mail this form with your check to the following address:

Down Syndrome Assoc. of Atlanta
4355 J Cobb Parkway #213
Atlanta, GA 30339

www.AtlantaDSAA.org

Attending the Reception Immediately After the Conference *required:*

Yes, I am attending

No thank you - not attending:

Amount Due (see pricing information above): *required*

Please enclose a check for this amount.

\$

USD

(See our website for directions to Emory University: www.atlantadsaa.org)

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