

***TNSSG, Inc.
2010 INTERNATIONAL CONFERENCE
Mont-Tremblant, Quebec, Canada August 6th to 8th, 2010***



The Noonan Syndrome Support Group, Inc.
Together, we are making a difference!
Solving Pieces of the Puzzle Together!

*This is your chance to learn more about
Noonan Syndrome
and meet others affected by Noonan syndrome.*

**The Noonan Syndrome Support Group, Inc.
Announces their 2010 International Conference,
to be held a in *Mont-Tremblant, Quebec, Canada*
August 6th to 8th, 2010**

Conference Registration Includes:

- ◆ Friday Evening Social
- ◆ Saturday Breakfast
- ◆ Saturday Meetings
- ◆ Saturday Lunch
- ◆ *Saturday Dinner and Silent Auction*
- ◆ *Sunday Breakfast Adult Panel*

LET'S GET TOGETHER FRIDAY AUGUST 6TH, 2010

Registration for the conference will be between

5:00 PM and 8:00 PM on Friday August 6th, 2010

The Noonan Syndrome Support Group, Inc. will host a social on

Friday night August 6th from 6:30 PM to 9:00 PM

Please plan to attend. Light Hors d' oeuvres will be provided.

THIS IS YOUR CHANCE TO GREET OLD FRIENDS, MAKE NEW FRIENDS.

Again this year you will have the opportunity to make a poster that introduces your family. All you need to bring are the pictures. We will provide the poster board, markers, and paste.

CONFERENCE HIGHLIGHTS

Keynote Speaker

♥Dr. Jacqueline Noonan, Professor,
Pediatric Cardiologist, University of
Kentucky College of Medicine,
Lexington, Kentucky, USA

Genetics And Genomic Sciences, Mount
Sinai School of Medicine , New York, NY,
USA

♥Dr. Amy Roberts, Clinical Geneticist,
Instructor, Harvard Medical School
Children's Hospital Boston, MA, USA

Speakers

♥Dr. Judith Allanson, Medical Geneticist,
Children Hospital of Eastern Ontario,
Ontario, Canada

♥ Dr Alicia Romano, Pediatric
Endocrinologist, New York Medical College,
Valhalla, NY USA

♥Bruce D. Gelb, M.D. Professor,
Pediatrics / Cardiology Professor,

Silent Auction

You also have the option to participate in a special evening event. A **Silent Auction** will be held on Saturday, August 7th at the hotel. Conference attendees and supporters of our group will unite for a memorable evening of fun. Please consider making this a part of your 2010 conference experience!

JUST THE FACTS

When and where is the conference being held? The TNSSG, Inc. International Conference will be held August 6th, 7th & 8th, 2010 at Le Grand Lodge, Mont-Tremblant, Qc, Canada: 1-800-567-6763

What is the deadline to register for the conference? The "deadline" for Registration is Wednesday, July 26th, 2010.

What is the deadline to register for the hotels group rates? The deadline for Registration, is Wednesday July 18th, 2010

How much does it cost to attend the conference? The costs for Registration Adult (ages 12 and up): \$110.00 Child (ages 6- 11): \$55.00 *

Early Bird? Register early and save . Register by July 15th Adult (ages 12 and up): \$90.00 Child (ages 6 - 11): \$45.00 *

What is included in the registration cost? Conference registration fees cover: Friday evening Welcome Reception; Saturday breakfast and lunch; Saturday general sessions, Saturday Dinner; Sunday breakfast; and Sunday general session.

Can I bring my children? Of course, Children up to 12 years of age are welcome to attend a supervised on-site childcare program. However there is a separate fee. If you do not use the childcare program, you are responsible for the supervision and conduct of your children.

How do I sign up and pay for daycare? A separate (daycare) registration form is required for children attending daycare at the meeting. See last page.

What is the charge for Daycare? A fee of *\$48.00 per child per day* will be charged for childcare.

Do I need to make reservations at the hotel? Yes, Reservations can be made by calling at **1-800-567-6763**, and referencing ***The Noonan Syndrome Conference***. Remember reservations **MUST** be made by **Wednesday, July 18, 2008** in order to qualify for the discounted group rate. **Rooms are limited so reserve early.** Hotel Information: Le Grand Lodge,

2396, Labelle Street, Mont-Tremblant, QC, J8E 1T8

One Bedroom Suite \$ 120.00 + taxes

What's in a 'Suite'? Each 'Suite' actually has one King size bed in the bedroom with full bathroom and satellite television, living room area with a double Murphy bed, private balcony, gas fireplace, second bathroom with large shower, working area, satellite television, fully equipped kitchen with coffee maker, telephone with data-port, complimentary wireless high speed internet access.

What is the Saturday Night Silent Auction?

At every Conference we hold a silent auction as a way to raise funds. The silent auction always provide a wonderful sense of community and family.

What about the Silent Auction A diverse selection of items will be available on which to bid. The money raised from the silent auction will be used to help subsidize the cost of conference expenses. Can I donate an item for the Silent Auction?

Yes! Donations of items for the silent auction are always needed and are greatly appreciated. Many families have expressed interest in donating gift baskets from their hometown or country. What a wonderful idea! Please send all auction items to Judith Guimont-Evans, C.P. 67, Arundel, Quebec J0T 1A0, Canada. Make sure items are clearly described with the current value.

What airport is closest to the conference location? Dorval-Trudeau International -

YUL — Driving Directions: A) Montréal-Pierre Elliott Trudeau International Airport, 975 Boulevard Roméo-vachon N, Dorval, QC H4Y 1H1 CA

1. Start out going NORTH on BOULEVARD ROMÉO-VACHON N. (go 0.0 miles)
2. Turn SLIGHT LEFT toward ARRIVÉES/ARRIVALS/VALETPARC. (go 0.3 miles)
3. Stay STRAIGHT to go onto BOULEVARD ROMÉO-VACHON N. (go 0.5 miles)
4. Turn SLIGHT RIGHT onto BOULEVARD ROMÉO-VACHON S. (go 0.1 miles)
5. BOULEVARD ROMÉO-VACHON S becomes CHEMIN CÔTE-DE-LIESSE. (go 0.2 miles)
6. CHEMIN CÔTE-DE-LIESSE becomes AVENUE MICHEL JASMIN. (go 0.2 miles)
7. Turn SLIGHT LEFT to take the AUT-520 E/AUT. CÔTE-DE-LIESSE ramp toward AUT-40. (go 0.2 miles)
8. Merge onto AUTOROUTE 520 E. (go 1.6 miles)
9. Take EXIT 4 toward AÉROPORT MIRABEL/AUT-13/LAVAL/LACHINE/MONTÉE DE LIESSE. (go 0.0 miles)
10. Stay STRAIGHT to go onto CHEMIN DE LA CÔTE-DE-LIESSE. (go 0.3 miles)
11. Take the AUT-13 N ramp toward AÉROPORT MIRABEL/LAVAL. (go 0.3 miles)
12. Merge onto AUTOROUTE 13 N. (go 11.2 miles)
13. Take the AUT-640 E exit, EXIT 22-E, toward BOISBRIAND/REPENTIGNY/AÉROPORT DE MIRABEL. (go 0.8 miles)
14. Merge onto AUTOROUTE 640 E. (go 1.5 miles)
15. Take the AUT-15 N exit, EXIT 20, toward AÉROPORT MIRABEL/ST-JÉRÔME. (go 0.7 miles)
16. Merge onto AUTOROUTE 15 N/AUTOROUTE TRANSCANADIENNE O. (go 43.1 miles)
17. AUTOROUTE 15 N/AUTOROUTE TRANSCANADIENNE O becomes PROVINCIAL SECONDARY ROUTE 117 N/ROUTE TRANSCANADIENNE O. (go 18.4 miles)
18. Take EXIT 119 toward MONT-TREMBLANT/MONTÉE-RYAN. (go 0.2 miles)
19. Stay STRAIGHT to go onto RTE-117. (go 0.3 miles)
20. Turn RIGHT onto MONTÉE RYAN. (go 3.1 miles)
21. Enter next roundabout and take 1st exit onto RUE LABELLE/PROVINCIAL SECONDARY ROUTE 327. (go 0.3 miles)
22. 2396 RUE LABELLE is on the LEFT. (go 0.0 miles)

Is there an AIRPORT/HOTEL SHUTTLE SERVICE? Yes Skyport is offering the service. Reservation in advance is recommended. Go to: <http://www.skyportinternational.com/en/index.php> or call : 1-800-471-1155

Conference Information

Dress

Casual attire is appropriate for the entire conference.

Cancellations

————Cancellations received by July 18, 2008 will be refunded less a \$25 administration fee per registrant. No refunds will be made after July 18, 2008. Refunds will be mailed after the conference and may take up to six weeks to process.

Where do I send my registration form?

Send your registration to:

TNSSG, Inc.
2010 Conference
P O Box 145
Upperco, MD 21155

COST OF REGISTRATION REGISTER BY July 15th, 2010 AND SAVE

Conference Registration prices include welcome reception, breakfast and lunch and Dinner Saturday, and Sunday breakfast

Adults (12+), Early Bird : postmarked by July 15th,	# _____ x	\$90 =	\$ _____
Adults (12+), postmarked after July 15th,	# _____ x	\$110 =	\$ _____
Children (6 – 11) Early Bird : postmarked by July 15th,	# _____ x	\$45 =	\$ _____
Children (6 - 11), postmarked after July 15th,	# _____ x	\$55 =	\$ _____
Children 0 to 5,	# _____ x	\$ 0 =	\$ 0
<u>Indicate how many of your group will be attending :</u>	Adults	Children	
Friday night reception (6:30 PM to 9:00 PM)	_____	_____	
Saturday Breakfast			
Saturday Dinner	_____	_____	
Sunday Breakfast			
Child care <i>\$48.00 per child</i>	# _____ x	\$48 =	*\$ _____
TOTALS DUE (MAKE CHECKS PAYABLE TO TNSSG) USD CONVERSION AT CAD \$.945 TOTAL DUE CAD \$ _____ X \$.945 = USD \$ _____	TOTAL DUE CAD \$ _____	X \$.945	OR TOTAL DUE USD \$ _____

REGISTRATION FORM (PLEASE PRINT)

FAMILY'S LAST NAME: _____

EMAIL _____

ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____

TELEPHONE _____

OF PEOPLE ATTENDING _____ WILL YOU BE STAYING AT THE GRAND LODGE? _____

ADULT (12+) NAME (S) (first & last) and AGE :

1. _____

2. _____

3. _____

4. _____

CHILDREN ATTENDING (0—11) NAME (S) (first & last) and AGE

Name _____ age _____

1. _____ Daycare _____

2. _____ Daycare _____

3. _____ Daycare _____

4. _____ Daycare _____

In an effort to provide childcare it is vital that we know how many children will require childcare. Only children registered in advance will be admitted to childcare. Children in care will not be permitted to leave the childcare facility unless accompanied by a childcare provider or the responsible parent/guardian. If a child has special medical needs (e.g. feeding tubes, oxygen) they will be admitted to childcare but only with a designated babysitter that you provide. Any child who is determined to be destructive or disruptive will not be allowed to stay in childcare. If a child is sick they should not be left in childcare.

I WILL NEED # _____ HIGHCHAIR (S) I WILL NEED # _____ BOOSTER (S) SEATS

For your convenience we accept: or PayPal :Visa or Master Card _____

PLEASE PRINT NAME AS IT APPEARS ON CREDIT CARD

NAME: _____

ACCOUNT NUMBER _____ 4 DIGIT EXPIRATION 3 digits (back of card)

AUTHORIZED CARDHOLDER SIGNATURE _____

BILLING ADDRESS (if other than person registered for the meeting): _____

CITY: _____, STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

AREA CODE : _____ TELEPHONE : _____ EMAIL: _____

**SEND COMPLETED FORM TO: TNSSG, Inc. , P O BOX 145, UPPERCO, MD 21155
Questions? Call Us Direct at: 410-374-5245**

Children's First and Last Name(s)

1. Name _____ Age _____ Language(s) spoken: _____
2. Name _____ Age _____ Language(s) spoken: _____
3. Name _____ Age _____ Language(s) spoken: _____

Please list **only** those allowed to check-out the above Child(ren) from the Kimberlee Care Children's Program.

First and Last Name: _____ Relationship to Children): _____
First and Last Name: _____ Relationship to Child(ren): _____

*Are any of your children **allergic** to anything (foods, etc.) or taking **medication**? If yes, explain: (NOTE: Kimberlee Care staff does not administer or assist in the administration of any medications.)*

*Do any of your children have **health limitations** or **special needs**?*

Noonan Syndrome Annual Conference

We, the undersigned adults, agree to place our child or ward in the Kimberlee Care Children's Program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, do hereby release and agree to indemnify and hold harmless Kimberlee Care, and their respective officers, directors, agents, employees, assigns, vendors, and owners and/or lessors of the facility or facilities where the program is held (collectively "the Releasees") from any and all claims which may now or hereafter arise from our child's/ward's (or children/wards) participation in the Kimberlee Care Program. We do not release claims arising from Releasees from any of their wilful misconduct or gross negligence.

We have read the above and understand this release. Furthermore, in the event of emergency or health concern, Kimberlee Care has our permission to administer first aid, contact our paediatrician or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving our child/ward.

Parent/Guardian Name: _____ Signature: _____

Date: _____ - - - - _____

Address: _____

City: _____ State / Prov: _____ Zip/Postal code: _____

Country: _____: Work Phone: (_____) _____

Mobile Phone (_____) _____ Email: _____

Please mail filled out form with conference registration form
Thank you!