



NATIONAL MPS SOCIETY STIPEND APPLICATION FORM

PART 1: CONFERENCE REGISTRATION: We are providing early bird registration for two adults and one sibling (youth/teen under age 19) for stipend recipients. Registration fees are waived for individuals with MPS and related diseases. You will be immediately notified of your stipend assignment upon receipt of your completed registration form, completed stipend request, deposit check of \$100 and payment of additional sibling fee, if applicable.

Name adult _____ Relationship _____

_____ Yes, I would like to be considered for the registration stipend (\$315 value).

_____ No, I do not wish to be considered for a registration stipend.

Name adult _____ Relationship _____

_____ Yes, I would like to be considered for the registration stipend (\$315 value).

_____ No, I do not wish to be considered for a registration stipend.

Name youth _____ Age _____

_____ Yes, I would like to be considered for the registration stipend (\$265 value).

_____ No, I do not wish to be considered for a registration stipend.

Name of individual with MPS _____ Age _____

Name of individual with MPS _____ Age _____

If more than one sibling under age 19 will be attending, please add them to the enclosed conference registration form and submit a check with your registration/stipend documents in the amount of \$265 for each child, payable to the National MPS Society.

(continued on back)

PART 2: HOTEL: We are providing one standard room at the conference hotel for three nights (Thursday, Friday and Saturday) to stipend recipients.

_____ Yes, I would like to be considered for the room stipend (\$820 value).

_____ No, I do not wish to be considered for a room stipend.

PART 3: Please indicate the number of *registered* individuals who will be attending the following National MPS Society events so that we can make the proper room and food reservations.

Adults Children (age 3-10)

_____ _____ Membership Meeting, Friday 5:30pm

_____ _____ National MPS Society Awards Dinner Banquet, Friday 6:00pm

_____ _____ Board of Directors' Meeting, Sunday 1:00pm

As an attendee to the conference, I agree to give the National MPS Society and its agents and affiliates unrestricted use of any and all photographs (including any photographic reproduction, still or moving, or any videotape and any electronic version thereof) the National MPS Society or its agents and employees have taken or will take of me and my family or in which we are included.

Name _____ Date _____

Enclosed:

Required

_____ Symposium Family Program Registration Form

_____ National MPS Society Stipend Application Form

\$ _____ Check or money order for \$100 registration deposit

Optional

\$ _____ Fees for more than one sibling under age 19 # _____ @ \$265 each

\$ _____ Reception tickets for unregistered guests # _____ @ \$65 each (see Symposium reg form)

\$ _____ Gala dinner tickets for unregistered guests # _____ @ \$105 each (see Symposium reg form)

\$ _____ Total amount enclosed (Payable to National MPS Society)

Questions? Contact Laurie Turner, Laurie@mpssociety.org

Envelope must be postmarked on or before

MARCH 15, 2008

National MPS Society

Symposium Stipend

4220 NC Highway 55, Suite 140

Durham, NC 27713

Faxed applications will not be accepted