

# REGISTRATION FORM

**Early Bird Deadline: Postmarked before September 15, 2005**

## 1. Attendee Information

Fill out one form for each attendee. Spouse/Partner may register on the same form. Photocopies of form accepted.

Name (as you wish it to appear on badge)  
**Circle (for your badge) if you are a:** EA group leader  
 Email volunteer    Crisis Call Listener    End Endo Now Club  
 Conference volunteer    EH Advocate    Presenter

Mailing Address

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax (if available) \_\_\_\_\_

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

*(Badge provided only with paid Package A or B registration. To register spouse/partner, fill in appropriate lines on this form and send fees for both participants.)*

## 2. Spouse/Partner/Family Member Information

Spouse/Partner/Family Member Name for Badge \_\_\_\_\_

## 3. Discussion Groups

Please rank these endo-related issues in order of their importance to you: 1=most important, 2=next important, etc. Your responses will be used to construct discussion groups that will allow you and others with similar concerns to meet and share ideas.

- |  |   |
|--|---|
| <input type="checkbox"/> Preserving fertility (for future)                 | <input type="checkbox"/> Changing one's environment/products  |
| <input type="checkbox"/> Fertility issues (now)                            | <input type="checkbox"/> Changing one's diet  |
| <input type="checkbox"/> Being single with endo                            | <input type="checkbox"/> Coping with allergies, chemical sensitivity  |
| <input type="checkbox"/> Considering hysterectomy                          | <input type="checkbox"/> Alternative treatments—body work (Reiki, massage therapy, chiropractic, etc.)                              |
| <input type="checkbox"/> Teen or Parent of Teen with Endo                  | <input type="checkbox"/> Alternative treatments—traditional Chinese medicine, Tai Chi, Chi Kung                                     |
| <input type="checkbox"/> Bladder Endo                                      | <input type="checkbox"/> Endo and autoimmune diseases (rheumatoid arthritis, lupus, Sjögren's, multiple sclerosis, thyroid disease) |
| <input type="checkbox"/> Bowel Endo  | <input type="checkbox"/> Endo and cancer  |
| <input type="checkbox"/> Lung Endo   |   |
| <input type="checkbox"/> Natural Menopause                                 |   |
| <input type="checkbox"/> Surgical Menopause                                |   |
| <input type="checkbox"/> Pain  |   |
| <input type="checkbox"/> Recently Diagnosed                                |   |
| <input type="checkbox"/> Experience with drug therapy                      |   |
| <input type="checkbox"/> Chronic Fatigue/fibromyalgia and related problems |   |
| <input type="checkbox"/> Adhesions and related problems                    |   |

## 4a. Menu Choice for Banquet (for me):

- Trout     Angel Hair Pasta with Tofu  
 Special diet for medical need only: \_\_\_\_\_

## 4b. Menu Choice for Banquet (for spouse):

- Trout     Angel Hair Pasta with Tofu  
 Special diet for medical need only: \_\_\_\_\_

## 5. Special Accommodations: I require special accommodations to fully participate. (Please attach a written description.)

## 6. Registration Packages (Register for either Package A or Package B)

### PACKAGE A — Features seating at "Dine with an Expert" table for Banquet

Includes badge, welcome reception, general sessions, workshops, demonstrations, affinity group, exhibit hall entrance, refreshments, Saturday box lunch, and banquet ticket at a "Dine with an Expert" table. (For non-members, this package also includes a 1-year membership in the Endometriosis Association.)

Before September 15

AFTER SEPTEMBER 15/ON SITE

<input type="checkbox"/> MEMBERS .....	\$100 .....	\$110 .....	\$ _____
<input type="checkbox"/> NON-MEMBERS .....	\$135 .....	\$145 .....	\$ _____
<input type="checkbox"/> Register my spouse/partner/family member at the member fee (\$100, or \$110, depending on date) .....			\$ _____

Indicate preference (by number) of the expert with whom you wish to be seated at the banquet. Refer to the expert list on page 11-12 of the program. Seating at expert tables is limited, and will be assigned based on the arrival date of your registration form.

MY CHOICES:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_ 7th \_\_\_\_\_ 8th \_\_\_\_\_ 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_

SPOUSE/PARTNER /FAMILY MEMBER CHOICES:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_ 7th \_\_\_\_\_ 8th \_\_\_\_\_ 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_

- Check here if you would like to be placed at another expert table if your choices are unavailable.  
 Check here if you would like the extra fee refunded if your table choices are unavailable. You will receive a ticket for open seating at the banquet in this case.

### PACKAGE B — Features open seating for Banquet

Includes badge, welcome reception, general sessions, workshops, demonstrations, affinity group, exhibit hall entrance, refreshments, Saturday box lunch, and banquet for open seating. (For non-members, this package also includes a one-year membership in the Endometriosis Association.)

Before September 15

AFTER SEPTEMBER 15/ON SITE

<input type="checkbox"/> MEMBERS .....	\$ 85 .....	\$ 95 .....	\$ _____
<input type="checkbox"/> NON-MEMBERS .....	\$120 .....	\$130 .....	\$ _____
<input type="checkbox"/> Register my spouse/partner/family member at the member fee (\$85, or \$95, depending on date) .....			\$ _____

**OVER ----->**

**Anniversary Conference — October 7-8, 2005**

**Total carried over from other side:** \$ \_\_\_\_\_

**7. Demonstrations of Holistic Health Techniques** — Please indicate your choices for these demonstrations by number, with #1 being your 1st choice, #2 your second choice, etc. (See program for descriptions.) Spaces are limited for some of the demonstrations by request of the demonstrator, so tickets will be issued on a first-come, first-served basis. You will automatically be assigned to your next choices if your first is filled. You may sign up for demonstrations on both Friday and/or Saturday.

**SATURDAY, 11:30 A.M.—12:30 P.M.**

(Note: There is an EA tour also at this time)

**FRIDAY, 8:00—9:00 P.M.**

- |                                       |   |                                  |                                       |   |                                  |                                  |
|---------------------------------------|---|----------------------------------|---------------------------------------|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Chi Kung     | <input type="checkbox"/> Guided Imagery   | <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Chi Kung     | <input type="checkbox"/> Guided Imagery   | <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Meditation       | <input type="checkbox"/> Yoga    | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Meditation       | <input type="checkbox"/> Yoga    | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Exercise     | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Reiki   | <input type="checkbox"/> Exercise     | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Reiki   |                                  |

**8. Workshop Selection** Please number your 1st choice, 2nd choice, etc., for each time slot.

- |                          |                           |       |       |  |                              |       |       |       |
|--------------------------|---------------------------|-------|-------|--|------------------------------|-------|-------|-------|
| Session A 1:50-2:50 p.m. | A1___                     | A2___ | A3___ | Spouse/Partner/Family: A1___                     | A2___                        | A3___ |       |       |
| Session B 3:05-3:45 p.m. | B1___                     | B2___ | B3___ | B4___  | Spouse/Partner/Family: B1___ | B2___ | B3___ | B4___ |
| Session C 4:15-5:00 p.m. | C1___                     | C2___ | C3___ | C4___  | Spouse/Partner/Family: C1___ | C2___ | C3___ | C4___ |
| Session D 5:15-6:00 p.m. | (D1-10, indicate #) _____ |       |       | Spouse/Partner/Family: (D1-10, indicate #) _____ |                              |       |       |       |

**9. EA Headquarters Tours** (You will be assigned to the same tour time as your spouse/partner.)

Charge per person for bus transportation is \$9.50. (See page 3 for tour times.)

- Your time preference:
- |  |                                 |          |
|--|---------------------------------|----------|
| <input type="checkbox"/> Friday, 7:15 p.m. to 9:15 p.m.    | # of tickets _____ @ \$9.50 ea. | \$ _____ |
| <input type="checkbox"/> Saturday, 11:15 p.m. to 1:00 p.m. | # of tickets _____ @ \$9.50 ea. | \$ _____ |
| <input type="checkbox"/> Sunday, 8:30 a.m. to 10:30 a.m.   | # of tickets _____ @ \$9.50 ea. | \$ _____ |

**10. Post-Conference Milwaukee City Tours**

Sunday, October 9 - choose one:

- |   |                                  |          |
|---|----------------------------------|----------|
| <input type="checkbox"/> Milwaukee City Tour—including Milwaukee Art Museum | # of tickets _____ @ \$40.00 ea. | \$ _____ |
| <input type="checkbox"/> Milwaukee City Tour—including Mitchell Park Domes  | # of tickets _____ @ \$40.00 ea. | \$ _____ |

**11. “Joe with Endo” 25th Anniversary T-Shirts**

I want a “Joe with Endo” T-Shirt at a savings! (See page 1 of the program for t-shirt descriptions.)

- Circle Adult T-Shirt Size: S M L XL XXL \_\_\_\_\_ @ \$13.95 each \$ \_\_\_\_\_
- Circle cartoon choice: “Castration” or “Chemical Slavery” (number of shirts)

**12. Getting Involved**

- I am interested in sponsorship and exhibit opportunities. Please send me an Exhibitor/Sponsor Prospectus.
- I would like to donate to the Silent Auction. Please contact me at the following number: ( ) \_\_\_\_\_

**13. Total Payment Due** (no refund of fees available): .....

\$ \_\_\_\_\_

**14. Roommate Needed**

- Please add my name, city, and phone number (or email) to the roommate list, and send me a copy of the list. I understand that I am responsible for contacting prospective roommates and making all necessary arrangements with the hotel. I have enclosed a self-addressed stamped envelope.
- I am interested in staying in the home of a Milwaukee-area member, if available.

**15. Method of Payment**

- Check or Money Order, payable to “Endometriosis Association” (for Canadian Dollars, use \$1.00 US to \$1.23 C exchange rate.)
- Credit Card: MasterCard or VISA are accepted for registration fees. You must include your card number, expiration, and signature.



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

Expiration Date: \_\_\_\_\_

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

**16. Mail this form with payment to:**

Endometriosis Association, International Headquarters  
8585 North 76th Place, Milwaukee, WI 53223 USA

**Hurry! For the first 200 registration forms received, we will send a free copy of the Association’s first book, *Overcoming Endometriosis!* (Don’t forget to reserve your hotel room! Call 1-800-558-3862 or 1-414-481-8000)**