

REGISTRATION INFORMATION (EACH INDIVIDUAL MUST COMPLETE BOTH SIDES OF THIS FORM.)

Name of hospital or pulmonary rehab:

Are you traveling with a group? Yes No If yes, please specify:

I am a: Person Living with COPD Family/Friend Pulmonary Rehab Staff Person

Name (Last, First)

City, State and Zipcode:

Home Phone: Cell Phone:

Email:

Preferred meal: Non-vegetarian Vegetarian

Flu shot: Yes No

FLU SHOT: PLEASE BRING MEDICARE CARD FOR DIRECT BILLING; ATTENDEES WITHOUT MEDICARE COVERAGE WILL RECEIVE A REDUCED RATE OF \$15 PER VACCINE

Would you like to receive our free COPD newsletter *Inspiration*? Yes No

Would you be interested in contacting legislators to improve lung health policy?

- Yes, I would like to: Write Letters Phone Calls Email Meet with local officials
 No

Will you need supplemental oxygen? Yes No

If yes, please specify: Oxygen Tank _____ liters Port. O₂ Concentrator (POC) _____ liters Liquid O₂ _____ liters

Any special needs (walker, wheelchair, scooter etc.):

.....
.....

EDUCATION SESSION OPTIONS:

Please view [Education Session Descriptions](#) before making your selections.

You will be able to attend 2 of these sessions. Please rank your choices in preference order. Session assignments are first come, first served. We will do our best to assign you to your requested sessions.

RANK ORDER (1, 2, 3)

A → Living it Up with COPD _____

B → Home Oxygen—Don't Leave Home Without It! _____

C → COPD Medications & You _____

EARLY REGISTRATION FEE (BEFORE OCT. 15TH): \$20.00

REGISTRATION FEE (AFTER OCT. 15TH): \$25.00

****REGISTRATION CLOSING OCTOBER 30TH****

I will pay by: Check Credit/Debit Card Cash

Card Type: Visa Mastercard AmEx Discover

Credit Card Number **Name as it appears on card:**

Billing Zip Code (If different than mailing address): **Exp. Date**

Please make checks payable to Respiratory Health Association of Metropolitan Chicago.

Although RHAMC offers a price of \$20.00 for this event, the actual cost of Respiratory Rally is \$75.00 per person (including bus transportation). If you would like to make a tax-deductible donation to help defray the cost of this event, it would be most appreciated. Thank you in advance for your consideration.

I am making a donation of \$

**MAIL PAYMENT AND REGISTRATION TO:
RHAMC**

**Attention: COPD Initiative, 1440 W. Washington Blvd. Chicago, IL 60607-1878
For questions, please call (312) 628-0227**

RELEASE OF LIABILITY

Please read and complete the waiver below. Your signature is required for your participation in the event.

I understand that the Respiratory Rally event is a one-day event that includes transportation in buses hired by Respiratory Health Association of Metropolitan Chicago (RHAMC) to and from Meridian Banquet and Convention Center on November 17, 2009. I hereby waive any and all claims against RHAMC and each of its agents, employees, and volunteers. I understand that I will be responsible for any personal belongings and equipment that I bring with me to the Rally; and that RHAMC is not responsible for their loss, misuse, or abuse. I understand full medical support is not available during this event and represent that I am in sufficiently good medical condition to participate in Respiratory Rally. In the event of a medical emergency, I authorize RHAMC to obtain any medical transportation and appropriate medical care needed.

RELEASE FOR PUBLICATION OF MEDIA

Please read the waiver below. If you decline permission, please place a check mark in the box below. Declining will not affect registration or participation in this event. I grant permission to the Respiratory Health Association of Metropolitan Chicago to use my name and photographs, videotapes, motion pictures, recordings and any other record of my participation or observation of Respiratory Rally in any media (including print, video, CD-ROM, internet or any other electronic medium) for the purpose of promoting Respiratory Health Association of Metropolitan Chicago, the Illinois COPD Coalition and their programs.

.....
PARTICIPANT SIGNATURE

.....
DATE

.....
EMERGENCY CONTACT (PLEASE PRINT NAME)

.....
RELATIONSHIP TO PARTICIPANT

.....
EMERGENCY CONTACT PHONE

I decline RHAMC the right to release my participation or observation of the Respiratory Rally for media/marketing purposes.