

CRUISING WITH COPD REGISTRATION
(COMPLETE BOTH SIDES OF THIS FORM)

REGISTRANT 1

- I am a: Person living with COPD
 Family/friend
 Pulmonary rehab staff person

Name of hospital or pulmonary rehab

Your first and last name

Address

City State Zip

Home phone:

Cell phone:

Email:

Will you need supplemental oxygen? Yes No

If yes, please specify:

- Oxygen tank _____ liters
 Portable O₂ concentrator (POC) _____ liters
 Liquid O₂ _____ liters

Do you have special needs (i.e. use a wheelchair, walker, etc.)?

Depending on your assigned ship, there may be an enclosed upper deck. **Are you able to climb the 12 steps necessary to sit there?** Yes No

EMERGENCY CONTACT INFORMATION

Name

Relationship

Phone number

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

- Yes, I'd like to: Write letters Make phone calls
 Email Meet with local officials
 No

BUS TRANSPORTATION will be established after registration has closed. Buses will be provided to groups of 20 registrants or more who wish to travel from the same location. Individual details will be included in your confirmation letter that will be mailed in May.

If possible, would you like to travel with a group? Yes No

If yes, I prefer to travel with:

- my hospital or pulmonary rehab
 whichever group is closest to my home address

REGISTRANT 2

- I am a: Person living with COPD
 Family/friend
 Pulmonary rehab staff person

Name of hospital or pulmonary rehab

Your first and last name

Address

City State Zip

Home phone:

Cell phone:

Email:

Will you need supplemental oxygen? Yes No

If yes, please specify:

- Oxygen tank _____ liters
 Portable O₂ concentrator (POC) _____ liters
 Liquid O₂ _____ liters

Do you have special needs (i.e. use a wheelchair, walker, etc.)?

Depending on your assigned ship, there may be an enclosed upper deck. **Are you able to climb the 12 steps necessary to sit there?** Yes No

EMERGENCY CONTACT INFORMATION

Name

Relationship

Phone number

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

- Yes, I'd like to: Write letters Make phone calls
 Email Meet with local officials
 No

If possible, would you like to travel with a group? Yes No

If yes, I prefer to travel with:

- my hospital or pulmonary rehab
 whichever group is closest to my home address

REGISTRATION OPENS APRIL 1, 2010 AND CLOSSES WHEN SOLD OUT.

REGISTRATION FEE: \$35.00

****REGISTRATION FEE IS NON-REFUNDABLE****

I will pay by: Cash Check **Please make checks payable to Respiratory Health Association of Metropolitan Chicago.**
 Credit/Debit Card Visa Mastercard AmEx Discover

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

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

Although RHAMC offers a price of \$35.00 for this event, the actual cost of Cruising with COPD is \$75.00 per person. 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.

Registration amount (\$35 per person):

Donation amount (optional):

Total amount enclosed:

**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 *Cruising with COPD* is a one-day event that includes a boat ride and may include transportation in buses hired by Respiratory Health Association of Metropolitan Chicago (RHAMC) to and from Navy Pier on June 22, 2010. 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 cruise 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 the cruise. In the event of a medical emergency, I authorize RHAMC to obtain any medical transportation and appropriate medical care needed.

.....
PARTICIPANT 1 SIGNATURE

.....
PARTICIPANT 2 SIGNATURE

.....
DATE

.....
DATE

RELEASE FOR PUBLICATION OF MEDIA

Respiratory Health Association of Metropolitan Chicago (RHAMC) uses photos of event participants in promoting events in a variety of media, including *Inspiration* newsletter, online and in local newspapers. We do not use the names of people photographed without their express permission. You are giving permission to RHAMC to use your image in photographs and videorecordings.

PARTICIPANT 1

Respiratory Health Association of Metropolitan Chicago (RHAMC) has my permission to use my image and record of participation in Cruising with COPD in photographs, video recordings, and the like for the purpose of promoting RHAMC, the Illinois COPD Coalition and their programs.

Yes No

PARTICIPANT 2

Respiratory Health Association of Metropolitan Chicago (RHAMC) has my permission to use my image and record of participation in Cruising with COPD in photographs, video recordings, and the like for the purpose of promoting RHAMC, the Illinois COPD Coalition and their programs.

Yes No