

**Registration Information:**

Registration fee includes Friday reception; Saturday breakfast, lunch and dinner and all sessions.

\_\_\_\_ Family registration \$120.00 US

\_\_\_\_ Individual registration \$90.00 US

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please provide the name of all attendees:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

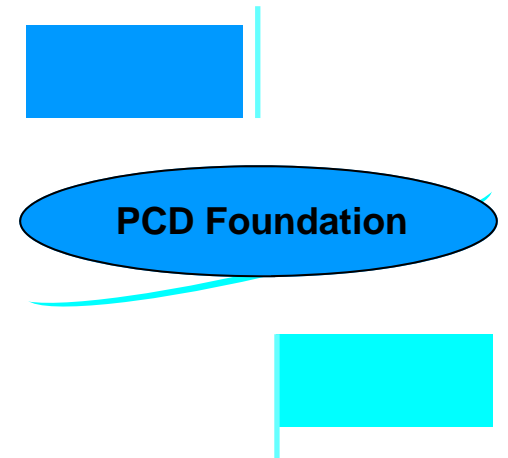
**Please indicate how many will be attending the following events:**

Friday: Reception \_\_\_\_\_  
Saturday: Breakfast \_\_\_\_\_  
                  Lunch \_\_\_\_\_  
                  Dinner \_\_\_\_\_

**Mail registration form with check or money order to:**

Lynn Ehrne, PCD Foundation  
61 Lake Meadow Drive  
Rochester, NY 14612 USA

**Or contact the PCD Foundation at:**  
info@pcdfoundation.org



# 4th Annual PCD Family Education Day

Primary Ciliary Dyskinesia  
Kartagener's Syndrome  
Immotile Cilia Syndrome  
Ciliary Aplasia

**August 11 & 12, 2006  
Millennium Hotel  
Buffalo, New York**



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