



**Come Learn and have fun**



**In February!**

**Join us for the Minnesota Family Retreat  
February 6<sup>th</sup> & 7<sup>th</sup>, 2010 (Saturday and Sunday)  
Radisson Hotel & Conference Center  
3131 Campus Drive  
Plymouth, MN**

The HFMD and Children's Hospital and Clinics of Minnesota HTC invite you to attend an action-packed event of education and fun. The retreat begins at 10:30 a.m. on Saturday morning. Registration opens at 10:00 a.m. Guests are encouraged to stay overnight Saturday and enjoy questions and answers over breakfast Sunday morning.

**If you are interested in joining us, there are a few things you should know:**

- There is a \$40 registration fee per family. If you are unable to pay this, please just contact your social worker Terry Hammink at 612-625-8955.
- Education programs on Saturday will include "A History of Hemophilia" presented by Dr. Nathan Kobrinsky, of the Fargo HTC.
- Jeff Kallberg, a black belt & Physical Therapist will conduct an introduction to martial arts and bleeding disorders.
- Afternoon break out sessions will include: ways to help assure continued joint health, joint bleeds and how to fully recover from them, PT topics, self infusion, and a discussion about being a carrier.
- Wallyball for older kids from 2-4 p.m. on Saturday
- Saturday night, after dinner, there will be an ice cream social plus entertainment by Magician Tom Anderson. Families will also have time to socialize, swim, and we will have Karaoke for the teens.
- There will be child care available on Saturday. Please sign up for child care on the attached form.
- Sunday will include a breakfast and medical Q & A. The retreat will end at 10:00 a.m. on Sunday.





Basketball courts, volleyball courts, and Walley ball are available. Balls will be provided.

# HFMD 2010 MN Retreat Program Agenda

## Saturday – February 6

- 10:00 - 10:30 a.m. Registration
- 10:30 – 10:45 a.m. Welcome/Introductions by Jim Paist, Executive Director of HFMD
- 10:45 – 11:45 a.m. “History of Hemophilia” by Dr. Nathan Kobrinsky, Fargo HTC
- 11:45 – 12:15 p.m. Fitness and Joint Health, Weight Training, and Sports Choices by Jeff Kallberg, PT
- 12:15 - 1:15 p.m. Lunch
- 1:15 - 2:00 p.m. Karate/Martial Arts Session by Jeff Kallberg, PT  
\*\*Please wear comfortable clothes for moving around/exercising in this session

**\*\*Wally Ball for older kids and teens during the afternoon sessions led by Jeff Kallberg and Matt Jaworski\*\***

### **Break Out Session 1**

- 2:00 – 3:00 p.m.
  1. After the bleed is over – ways to help assure complete recovery and prevent rebleeding
  2. Parents Panel
  3. Self Infusion or parent infusion teaching
- 3:00 – 3:10pm 10 minute break

### **Break Out Session 2**

- 3:10 – 4:10 pm
  1. After the bleed is over – ways to help assure complete recovery and prevent rebleeding
  2. Self Infusion or parent infusion teaching
  3. Carrier Session
- 4:10 – 6pm Free Time
- 6:00 p.m. Pizza Buffet
- 7:00 p.m. Ice Cream Social and Magician Act

## Sunday – February 7

- 8:00 - 9:00 a.m. Breakfast
- 9:00 – 10:00 a.m. A brief presentation on transitioning and then “Ask the Medical Provider”. Many of the staff from the HTC will be present to discuss any questions that you may have.

**Check Out before 12 noon on Sunday**

**You need to return the attached registration form to the HFMD Office  
No later than January 27<sup>th</sup>**

**2010 MN Retreat Registration Form  
Deadline: January 27th, 2010**

**Names of attendees/family:**  
(Must be immediate family)

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

Address, phone & e-mail

**Child Care:** Please indicate the names and ages of the children and if they will be attending child care, for ages 11 and under. Also, please indicate whether the child attending has a bleeding disorder or is a sibling.

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle) Program or Child Care –  
Bleeding Disorder or Sibling

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle) Program or Child Care –  
Bleeding Disorder or Sibling

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle) Program or Child Care –  
Bleeding Disorder or Sibling

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle) Program or Child Care –  
Bleeding Disorder or Sibling

**Total Meals (indicate number requested):**

Adults _____	Saturday Lunch	Kids _____	Saturday Dinner
Kids _____	Saturday Lunch	Adults _____	Sunday Breakfast
Adults _____	Saturday Dinner	Kids _____	Sunday Breakfast

**Lodging: (check out time is 12 noon)**

HFMD has reserved a block of rooms in order to get a special rate of \$89 a night plus tax. Rooms for Saturday night will be reserved on a first come/first serve basis. **To reserve your room, please call Reservations at the Radisson Hotel, 763-559-6600, by January 27th and identify yourself as being with the Hemophilia Foundation of Minnesota/Dakotas to get the discounted rate.**

*Financial assistance is available from HFMD for lodging and mileage reimbursement:*

- I would like to pay for my hotel room  
 I would like to have the HFMD cover the cost of my room  
 I live more than 150 miles from the Radisson and need a room for Friday & Saturday nights  
 I live more than 150 miles away and would like to request mileage reimbursement (maximum \$50)

**Please indicate enclosed registration fee: \_\_\_\_\_ \$20.00 per person or \_\_\_\_\_ \$40.00 family.**

**(over)**

**Send your payment along with this registration form to:**

**HFMD, 750 So. Plaza Drive, Suite 207, Mendota Heights, MN 55120. The phone number is 651-406-8655, 1-800-994-4363, or fax 651-406-8656.**

Make check payable to HFMD or credit card: (circle one) Visa or Master Card  
\$ \_\_\_\_\_ amount

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

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

Name as it appears on card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

**If you are not a current member of HFMD, please fill out the attached  
Membership Form and send that along as well.**

**After reviewing the attached agenda, please indicate the number of people that will be attending  
each session on Saturday. (This will help us with seating arrangements)**

2:00 - 3:00 p.m.

**Breakout Session 1**

\_\_\_\_\_ After the bleed is over – ways to help assure complete recovery and prevent  
rebleeding – Cheryl Hansen PT & Margaret Heisel Kurth MD

\_\_\_\_\_ Parents Empowering Parents – Introductory Session

\_\_\_\_\_ Self Infusion or parent infusion – Demonstration & Instruction by RN's

3:00 - 4:00 p.m.

**Breakout Session 2**

\_\_\_\_\_ After the bleed is over – ways to help assure complete recovery and prevent  
rebleeding – Cheryl Hansen PT & Margaret Heisel Kurth MD

\_\_\_\_\_ Self Infusion or parent infusion - Demonstration & Instruction by RN's

\_\_\_\_\_ Carrier Session by Skye Peltier, PA-C

# Hemophilia Foundation of Minnesota/Dakotas

## Membership Application – 2010

*Join the HFMD today! Please register as a member of the HFMD at any level below. By joining as a member, you're supporting the work of the Hemophilia Foundation of Minnesota/Dakotas; the only organization of its kind in the tri-state area providing programs, services and advocacy for the bleeding disorders community. Benefits of membership include access to HFMD community programs and services, and a one-year subscription to our quarterly newsletter, the Veinline.*

Name/s \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_.

Address \_\_\_\_\_.  
City \_\_\_\_\_.  
State \_\_\_\_\_ Zip Code \_\_\_\_\_.  
Phone ( ) \_\_\_\_\_.  
Email \_\_\_\_\_.

Enclosed are membership dues for 2010:

\_\_\_ \$20 Individual

\_\_\_ \$35 Family

\_\_\_ \$0 Waive fee for individual/family, unable to support financially at this time

\_\_\_ \$50 Patron Supporter

\_\_\_ \$100 Benefactor

\_\_\_ \$ 250+ Gold Level Benefactor

\_\_\_\_\_.

Checks made payable to the HFMD

Mail to:

HFMD

750 South Plaza Drive, Suite 207

Mendota Heights, MN 55120

651-406-8655 or 1-800-994-4363

Fax: 651-406-8656

Please charge my dues to:

\_\_\_ VISA \_\_\_ MasterCard

Account # \_\_\_\_\_.

Expiration Date \_\_\_\_\_.

Signature \_\_\_\_\_.