

**2023 Annual Members' Meeting, April 21<sup>st</sup> & 22<sup>nd</sup>**  
**The Mermaid Event Center**  
**2200 Mounds View Boulevard**  
**Mounds View, MN 55112**



**Event Registration Deadline: April 14, 2023**  
**Remit form to: [info@hfmd.org](mailto:info@hfmd.org)**

**ALL INFORMATION IS REQUIRED**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email: \_\_\_\_\_

*Add immediate family members who will be attending. Please provide ages of children.*

Name	Age	Check Applicable Box			Child Care	
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**How many adults and children will be attending each meal?**

**Please indicate any dietary allergies and let us know which family member it applies:**

Friday Dinner	Adults _____	Children _____	_____
Saturday Breakfast	Adults _____	Children _____	_____
Saturday Lunch	Adults _____	Children _____	_____

☐ I request mileage reimbursement (available to those living over 150 miles from the event) Maximum reimbursement is \$75.

☐ Enclosed is the registration fee (*check one*) \_\_\_\_\_ \$20.00 per person \_\_\_\_\_ \$40.00 for family

☐ Please waive the registration fee.

Mail this form with or without a check or credit card payment information to:

HFMD • 750 South Plaza Drive • Suite 207 • Mendota Heights, MN 55120 • 1-800-994-4363 or 651-406-8655

Name on Card \_\_\_\_\_ Registration Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_