

**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**



**Hotel Reservation Deadline: March 27, 2023**  
**Event Registration Deadline: April 14, 2023**  
**Remit form to: 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 to.**

Friday Dinner Adults \_\_\_\_\_ Children \_\_\_\_\_  
 Saturday Breakfast Adults \_\_\_\_\_ Children \_\_\_\_\_  
 Saturday Lunch Adults \_\_\_\_\_ Children \_\_\_\_\_

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

**HFMD has reserved a small block of rooms at the Hotel. HFMD WILL MAKE ALL MEMBERS' ROOM RESERVATIONS. This is on a first come, first serve basis. Please send in your registration form to HFMD prior to March 27<sup>th</sup> to secure your hotel room. (check-in time: 4:00 p.m. check-out time: 11:00 a.m.)**

I will cover the cost of my hotel stay by sending a check payable to HFMD for \$164.46.  
 **I would like HFMD to cover the cost of my standard room for Friday, April 21<sup>st</sup>.**  
 We are traveling over 150 miles one way; I would like HFMD to cover the cost of my standard room for Fri & Sat.  
 I would like to make a donation towards my rooming costs; \$ \_\_\_\_\_

I request mileage reimbursement (Available for 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 a 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: \_\_\_\_\_