



4525 W. Empire Place, Sioux Falls, SD

Tuesday, May 7th, 2024
6:00 p.m. - 8:00 p.m.

Education Dinner & Cognitive Conversations Registration Form

This event is for HFMD members and immediate family only. Return this form to HFMD at info@hfmd.org.

Event Registration Deadline: April 30th, 2024

Name: _____ Phone: _____

Full Address: _____

Email: _____

Other immediate family members attending. Please provide ages of children on event date.

Name	Age	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
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		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling

I request mileage reimbursement. (Available for those living over 100 miles from event with a maximum reimbursement of \$75.)

Please complete and return this form to the HFMD Office by one of the following:

Mail to: **HFMD, 750 South Plaza Drive, Suite 207, Mendota Heights, MN 55120**

Fax to: 651-406-8656; or Email to: info@hfmd.org