



# United for Lung Health

Advocacy Day | Washington, D.C.

## Registration Form

May 7-8, 2014

### Participant Information

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ORGANIZATION AFFILIATION: \_\_\_\_\_

TRAVEL COMPANION (if applicable): \_\_\_\_\_

ARRIVAL DATE & TIME: \_\_\_\_\_

### Emergency Contact Information

PRIMARY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SECONDARY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### Issues of Interest

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Lung Disease Research Funding | <input type="checkbox"/> Clean Air    |
| <input type="checkbox"/> Tobacco Control               | <input type="checkbox"/> Lung Cancer  |
| <input type="checkbox"/> COPD                          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asthma                        |                                       |

*Please return this form no later than April 25, 2014.*

## Special requests

- Vegetarian meals                       Vegan meals  
 Oxygen                                       Wheelchair  
 Food allergies: \_\_\_\_\_  Other: \_\_\_\_\_

*Note: If you are traveling with oxygen or a wheelchair, we can provide you with the names vendors to assist you.*

## Release

I understand that United for Lung Health Advocacy Days is an two-day event. I hereby waive any and all claims against the United for Lung Health (ULH) partners and Respiratory Health Association (RHA) arising from this event. I understand that the ULH partners may be filming/photographing participants during their activities at Advocacy Day. I authorize RHA to have and use photos and video of the person named in this application as may be needed for its public relations programs including brochures, websites, newspapers, television, etc. I understand that participation in Advocacy Days requires that I participate in events and conduct myself in an appropriate and professional manner. I will be responsible for any personal belongings and equipment that I bring with me to Advocacy Days; and the ULH partners are not responsible for their loss, misuse or abuse. I understand that the use of tobacco or illegal drugs will not be tolerated, and if I use any of these during Advocacy Days, I will not be able to attend another ULH or RHA sanctioned event. In event of a medical emergency, I authorize RHA and ULH partners to transport me to a nearby medical facility.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Payment

The registration fee for United for Lung Health Advocacy Days is \$125 per person. To pay by credit card, call Lysette Talavera and return this form via mail, email or fax. To pay by check, mail your registration form and payment to:

Respiratory Health Association  
ATTN: Lysette Talavera  
1440 W. Washington Blvd.  
Chicago, IL 60607

Phone: (312) 628-0226  
Fax: (312) 243-3954  
ltalavera@lungchicago.org

***Please return this form no later than April 25, 2014.***