

Fanconi Hope Conference and Family Fun Day Booking Form



Saturday 14th October: 10.30am - 5pm at Twycross Zoo Conference Centre

7pm: Evening Meal at the Appleby Park Hotel. Free Sat overnight accommodation

Please complete and return this form to Bob Dalglish asap:-

By email to: rad@fanconihope.org or

By post to: The Secretary, Fanconi Hope, PO Box 905 Southsea PO1 9JG

Contact Name: _____

Address: _____

Home Phone Number: _____ Mobile Number: _____

Email Address: _____

Names of all Attendees

- Adult 1 name _____
- Adult 2 name _____
- Adult 3 name _____
- Child 1 name (and age if under 18) _____
- Child 2 name (and age if under 18) _____
- Child 3 name (and age if under 18) _____
- Child 4 name (and age if under 18) _____

Number of Zoo Entry tickets required: (total adults and children) _____

Number of Children's Play Area Daypass tickets required: (total children only) _____

Will you be joining us for the Evening Meal at the Appleby Park Hotel? Yes No

Number of Adults: _____

Number of Children under 18: _____

Any Special Dietary Requirements?: _____

Hotel Accommodation on Saturday Night: Please reserve rooms direct with the Appleby Park Hotel (<http://www.applebyparkhotel.com>) by calling them on 01530 279500. Don't forget to mention Fanconi Hope to receive the discounted rate. Please reserve rooms with your credit card. If you do stay at the hotel Fanconi Hope will pay. If you do not turn up you will be liable for the bill.

Optional Survey for FA Patients and Parents

You are invited to complete this survey so we can tailor the talks at the event to your needs and to help us build a better picture of the UK and Ireland FA population.

Family Member #1 Affected by FA

Name: _____ Date of Birth: _____ Date Diagnosed: _____

Date Transplanted (if applicable): _____

Hospital they are treated at: _____

Consultant's Name: _____

If Bone Marrow Transplanted, which hospital? _____

Type of FA if known: _____

Main problems experienced: _____

What ongoing treatment are they receiving? _____

Family Member #2 Affected by FA

Name: _____ Date of Birth: _____ Date Diagnosed: _____

Date Transplanted (if applicable): _____

Hospital they are treated at: _____

Consultant's Name: _____

If Bone Marrow Transplanted, which hospital? _____

Type of FA if known: _____

Main problems experienced: _____

What ongoing treatment are they receiving? _____

Any specific topics you would like covered during the Conference? _____

Getting in touch with the FA family community: Did you know you can now register online with the Fanconi Anemia Research Fund's International Family Directory at <https://www.surveymonkey.com/r/FARFdirectory>? If you choose to be included, other families in the UK & Ireland and abroad may contact you and you may contact any of the families listed.