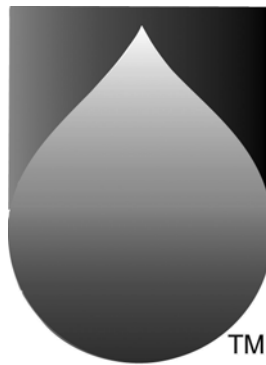


APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.

**2007
ANNUAL PATIENT &
FAMILY CONFERENCE**



*Research Findings & Treatment Updates for
Aplastic Anemia, Myelodysplastic Syndromes & PNH*

August 15 - 17, 2007

Renaissance Marriott Las Vegas Hotel, Nevada

**APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.
2007 PATIENT & FAMILY CONFERENCE**

**Join us for our annual conference
on bone marrow diseases!**

Las Vegas, August 15 – 17, 2007

Hear from experts on the
latest research updates and treatment options
for aplastic anemia, myelodysplastic syndromes, and PNH!

Meet other patients and families!

Featured Presenters

- ◆ *Aplastic Anemia*: Dr. Neal Young, National Heart, Lung & Blood Institute of the National Institutes of Health
- ◆ *PNH*: Dr. Jaroslaw Maciejewski, Cleveland Clinic Foundation
- ◆ *MDS*: Dr. Steven Gore, Sidney Kimmel Cancer Center of Johns Hopkins
- ◆ *Bone Marrow Transplants (BMT)*: Dr. Joachim Deeg, Fred Hutchinson Cancer Research Center
- ◆ *Pediatric Issues*: Dr. David Margolis, Children's Hospital of Wisconsin
- ◆ *Scientific Highlights in BMFD over the Past Year, and the Future of Research in BMFD*: Dr. Ron Paquette, University of California, Los Angeles

**Presenters are subject to change*

Topics and Events

- ◆ *Meet & Greet Dinner*: Get to know other patients and family members and hear an overview of bone marrow failure diseases on Wednesday, August 15th.
- ◆ *Sessions*: Hear information and updates on treatments, iron overload, bone marrow and stem cell transplants, and pediatric issues.
- ◆ *Question & Answer Sessions*: Ask questions of our expert presenters.
- ◆ *Roundtable Discussions*: Talk with presenters and other attendees in small groups.
- ◆ *Support & Coping Workshops*: Meet with others for support in a facilitated group.
- ◆ *Expo Area*: View exhibits and learn about medications, products, and services.

AA&MDSIF 2007 CONFERENCE REGISTRATION FORM

ATTENDEES

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

Email: _____

Telephone: *home* _____ *cell* _____

Diagnosis (*check all that apply*):

Aplastic Anemia MDS PNH PRCA Other: _____

MEALS

The cost of all meals is included in your registration.

I/We plan to attend the following meals during the conference:

(*Check the box to the left and fill in the number of people attending on the right.*)

Wednesday dinner, # attending: _____ *Thursday breakfast*, # attending: _____

Thursday lunch, # attending: _____ *Thursday dinner*, # attending: _____

Friday breakfast, # attending: _____ *Friday lunch*, # attending: _____

Friday dinner, # attending: _____

WORKSHOPS

I/We plan to attend the following Support & Coping Workshop on Friday:

(*Check the box to the left and fill in the names of attendees on the right.*)

Aplastic Anemia Patients: _____

MDS Patients (diagnosed less than 1 year): _____

MDS Patients (diagnosed over 1 year): _____

PNH Patients: _____

Parents: _____

Children/Teens: _____

Spouses: _____

Family Members: _____

Bereavement: _____

REGISTRATION

Thanks to our Platinum Sponsors

(in alphabetical order)

Alexion, Celgene, and Pharmion

registration is free to everyone who registers by July 16, 2007!*

After July 16, 2007, the registration fee is \$100 per person. Late registration at the door will be available for \$150 per person.

Fill out and return this form to the AA&MDSIF along with your check or credit card information. You may also call our office at (800) 747-2820 to register with a credit card or visit www.aamds.org to register online.

Once you register, an information packet will be mailed to you.

***To qualify for our FREE conference registration, you MUST book your hotel room directly through the hotel and specify that you are attending the Aplastic Anemia & MDS International Foundation's conference.** To receive the special room rate of \$139 plus taxes (9%), reservations must be made by Monday, July 16, 2007. After this date, rooms will be at the prevailing corporate rate, which may be more than \$159 per night plus taxes. If you must cancel, it is your responsibility to contact the hotel to cancel your room reservations.

YOU MUST PROVIDE A CREDIT CARD NUMBER TO SECURE YOUR FREE REGISTRATION.

VISA MasterCard

Card #: _____ Exp. Date: _____

Name Printed on Card: _____

Signature: _____

I/We want to contribute \$_____ to help advance the work of the AA&MDSIF.

TOTAL AMOUNT: \$_____

Contact the **Renaissance Marriott Las Vegas Hotel** directly to book your room:

3400 Paradise Road, Las Vegas, Nevada 89169-2770

Toll-Free: (800) 750-0980 Phone: (702) 784-5700 Fax: (702) 735-3130

www.renaissancelasvegas.com

Cancellation Policy

If you request the free registration and do not notify the AA&MDSIF of your cancellation by Wednesday, August 8, 2007, your credit card WILL BE CHARGED the full registration amount of \$100, or your \$100 check will be cashed. You must cancel your hotel room and travel separately. The AA&MDSIF is not responsible for reimbursing any hotel or travel costs in the event of cancellation of this conference.



Aplastic Anemia & MDS International Foundation, Inc.

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