

Thalassemia Action Group
24th Annual Patient-Family Conference

June 25, 2011

Journal Form

At this year's conference, we are proud to recognize our honorees Dr. Farid Boulad and Huythong Nguyen

Sponsorship – I would like to give a patient the opportunity to attend the TAG Conference by providing sponsorship in the following amount: \$ _____

Souvenir Journal Ad – I would like to place an advertisement in the Journal Ad. (Journal size 5 ½ x 8 ½). Please circle journal size

Full Page Ad (size 5 ½ x 8 ½) \$60.00

Half Page Ad (size 2 ¾ x 4 ¼) \$45.00

Quarter Page Ad (size 1 3/8 x 2 1/8) \$30.00

Please type message or attach business card / computer printout here or email your file to

inder.kalra@utdallas.edu

Name: _____ Company: _____

Address: _____

Telephone: () _____ TAG Rep: _____

Total Sponsorship: _____ Total Journal Ads: _____

Total Enclosed: _____

DEADLINE: May 15, 2011

Please make checks payable to: CAF/TAG

Mail to: 2200 Waterview Parkway
Apt. 29108
Richardson, TX 75080

Phone: (214) 607-8337

Email: inder.kalra@utdallas.edu

TAG CONFERENCE REGISTRATION

TAG Conference Registration

REGISTRATION INFORMATION

Patient/Family Information:

Name: _____
 Address: _____
 City, State, Zip: _____
 Daytime Phone: _____
 Email: _____
Patient Parent Family Healthcare Provider
 How many people will attend conference? _____

Patient Please Complete:

Thal Major Thal Intermedia Other:
 Age: _____ Language Spoken: _____

Healthcare Provider:

Name: _____
 Institution's Name: _____
 Department: _____
 Address: _____
 City, State, Zip: _____
 Daytime Phone: _____
 Email: _____
Physician Nurse or Nurse Practitioner Other:

Best way for TAG/CAF to contact you:

Email Phone
Yes, please add my information to your patient directory.

Please list all members of family attending the conference:

(Also include patients and siblings who are under age 21.)

Attendance:

Number of persons attending **Breakfast:** # _____
 Number of persons attending **Lunch:** # _____
 Number of **Vegetarians:** # _____

Alternate Session:

Number of children ages (3-12) # _____
 Number of adolescents ages (13-18) # _____

Registration Fee :

Individual - \$25.00 per person: \$ _____
Family Rate - \$50.00 (3-5 people): \$ _____

Saturday Night Dinner :

Adults - \$25.00 per person: \$ _____
Child (under 9 yrs)- \$15.00 per child: \$ _____
 Need Disney ticket for Sat night?: Yes No
 Number of tickets needed: _____

Total \$ _____

Hotel Information

Disneyland Paradise Pier Hotel
 1717 South Disneyland Drive
 Anaheim, CA - 92802
 Room Rate - \$139.00/ night*
 * Special room rates available for stay from June 21st, 2011- Jun 27th, 2011.

Reservation

(714) 520-5005 OR
<https://resweb.passkey.com/go/Thalassemia>
*Hotel Reservation Deadline is **May 15, 2011.***

Alternate Hotel Information

Castle Inn and Suites
 1734 South Harbor Blvd
 Anaheim, CA 92802
 Room Rate - \$98.00/ night*
 * Ask for "TAG Rate" upon reserving the room

Reservation

(714) 774-8111 OR
<http://www.castleinn.com/contact.htm>
*Hotel Reservation Deadline is **June 1, 2011.***

Friday Night Social with a special Surprise guest will be held at the Disneyland Paradise Pier Hotel from 7:00pm - 9:00pm. We hope to see you there!

Saturday Night Dinner will be held at Disneyland park. If you do not already have an annual pass or a park hopper, and are attending the dinner (at the Festival Arena in Disneyland), please check the "Need Disney ticket" box on the registration form.

Special Rate Disney tickets are available online and will NOT be available upon arrival at the park. Please visit <http://www.disneyconventionear.com/GPTF11B> OR

Via the Cooleys Anemia website. Please visit www.cooleysanemia.org and then click on the TAG Conference link. Follow the instructions to the website to buy discount tickets.

Special Assistance Pass enables the holder to use the fast lanes and is available at the Disneyland's City Hall or California Adventures Park Services (on left near park entrance). The pass covers 6 people including patient and requires a doctors note stating that the patient has thalassemia which causes fatigue.

Please make check or money order payable to TAG.

*Registrations must be postmarked by **May 15, 2011***

Mail registration form and payment to:

TAG
 c/o Eva Choy
 180 Amherst Street
 San Francisco, CA 94134
 Email : eva_tag@yahoo.com.

For apcial assistance , please contact: Laurice Levine: lauricetag@aol.com or (360) 860-2023

TAG CONFERENCE AGENDA

7:00am - 7:55am	Registration and Breakfast	
8:00am - 8:10am	Welcome by Laurice Levine	
8:10am - 8:30am	The Future of the Cooley's Anemia Foundation by Anthony Viola	
8:30am - 9:30am	Comprehensive Care & Standards of Care	Elliott Vichinsky, MD
9:30am-10:30am	Science of Blood Transfusion & Blood Safety	Yelena Ginzburg, MD
10:30am - 11:55am	Iron Measurement and What it means	John Wood, MD
	Chelation Options and Availability	Thomas Coates, MD
	Chelation and Toxicity	Ellis Neufeld, MD
12:00pm- 1:00pm	Lunch and Awards Honorees: Dr. Farid Boulad and Huythong Nguyen	
1:05pm - 2:35pm	Track 1	
1:05pm - 1:35pm	Fertility and Thalassemia	Titi Singer, MD
1:35pm - 2:05pm	Endocrine Care	Maria Vogiatzi, MD
2:05pm - 2:35pm	Cardiac Care	John Wood, MD
1:05pm - 2:35pm	Track 2	
1:05pm - 1:35pm	Osteoporosis and Thalassemia	Patricia Giardina, MD
1:35pm - 2:05pm	Pain and Thalassemia	TBA
2:05pm - 2:35pm	Nutrition and Thalassemia	Ellen B. Fung, PhD RD
1:05pm - 2:35pm	Track 3	
1:05pm - 1:35pm	Insurance Options	Gargi Pahuja, MPH JD
1:35pm - 2:05pm	Transition of Care	Janice Beatty, RN
2:05pm - 2:35pm	Research Studies for Thalassemia	TBA
1:05pm - 2:35pm	Track 4	
1:05pm - 1:35pm	Gene Therapy	Farid Boulad, MD
1:35pm - 2:05pm	Stem Cell Transplant	Mark Walters, MD
2:05pm - 2:35pm	Bone Marrow Transplant	Farid Boulad, MD
2:35pm - 3:00pm	Coffee Break	
3:05pm - 3:30pm	Improving Adherence	TBA
3:30pm - 3:50pm	Enhancing Advocacy Skills	Gina Cioffi, ESQ
3:55pm - 5:00pm	Psychosocial - Patients / Adolescents / Siblings, Friends, S.O.'s/ Parents / Doctors	
7:30pm	Dinner and Closing Remarks Location: Festival Arena, Disneyland Park	