



NATIONAL MPS SOCIETY CYCLE CONFERENCE

May 17–18, 2019 | Omni Shoreham Hotel
2500 Calvert St. NW | Washington, DC 20008 | 202.234.0700
mpsociety.org/2019cycle



The National MPS Society invites you to attend the **Celebrating Your Cherished Life Experiences (CYCLE) conference**. We have built an agenda to include speakers on topics related to loss, as well as time for you to share cherished experiences and meaningful memories with other families.

While there is no registration fee for this conference, registrants need to provide a \$75 refundable deposit per family upon registration to hold their space and headcount for the complimentary meals and breaks. All attendees must be at least 18 years of age; childcare will not be provided.

During the conference, families will have the opportunity to participate in a video interview with Courageous Parents Network to help guide and support others through their journey.

OMNI SHOREHAM HOTEL

www.omnihotels.com/hotels/washington-dc-shoreham

The Omni Shoreham Hotel in Washington, DC, has hosted presidents, international leaders and visitors from around the world since 1930. The hotel includes modern amenities and comforts with outstanding service to create a personalized experience.

SPECIAL FEATURES: The hotel is located in a premier residential neighborhood, with an intersection of unique experiences. Sitting on 11 acres, the Omni Shoreham is close to the National Zoo and features a spa, pool, fitness center, jogging trails, hammocks, bike rentals and more.

ROOM FEATURES: All rooms are non-smoking and include plush robes, irons, safes, marble bathrooms, a hair dryer, complimentary coffee and tea, WiFi access and a flat screen HDTV.

DINING (includes 24-hour room service) & LOUNGES:

Robert's Restaurant
Marquee Bar and Lounge
Morsel's
The Pool Bar

TO REGISTER

Complete and return the enclosed registration form or register online at mpsociety.org/2019cycle. The Society is offering a limited number of scholarships to this conference. If interested, complete and submit the enclosed scholarship application by **March 1, 2019, at 11:59 p.m. EDT** for consideration.

TO BOOK YOUR HOTEL ROOM

Contact the Omni Shoreham Hotel directly (1-800-THE-OMNI) and use the code “MPS Society” for reduced rates. Rates vary depending on room type:

- Single room (one occupant or a couple): \$187/night
- Double room (two occupants): \$202/night
- Triple room: \$217/night
- Quad room: \$237/night

We encourage you to book your hotel room early as our room block may sell out before the deadline. Hotel and online conference reservation deadlines are **May 10, 2019**.

For more information, visit mpssociety.org/2019cycle or contact Family Program Coordinator Leslie Urdaneta at 919.806.0101 or leslie@mpssociety.org with questions.

SCHEDULE



FRIDAY, MAY 17

- 6:00 p.m. Dinner on your own.
- 7:00 p.m. Evening reception (drinks and hors d'oeuvres) and conference opening. Introducing your loved one to the group, followed by unstructured sharing and caring time.

SATURDAY, MAY 18

- 8:00 a.m. – 9:00 a.m. Continental breakfast, additional introductions and goals for the day.
- 9:00 a.m. – 12:00 p.m. **Moving through the journey:** grief processes, post-traumatic stress and anxiety, responses to trauma and coping with triggers, caring for yourself.
- 12:00 p.m. – 1:30 p.m. Lunch, including a celebration activity.
- 1:30 p.m. – 4:00 p.m. **Making meaning:** talking about loss with others, sharing your story, supporting others, finding purpose, changes in the caregiver role.



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CONFERENCE REGISTRATION FORM

To register, mail this form to the address below or complete the application online at mpsociety.org/2019cycle.

Please list **ALL** family members attending. **Attendees must be 18 years of age or older.**

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name(s) of deceased _____ Diagnosis _____ Date of death _____

Address _____

City _____ State _____ ZIP _____

Daytime telephone _____ Evening telephone _____

Email address _____

REGISTRATION FEES: There is *no* registration fee for the conference. A refundable deposit of \$75 per family is required to save your space at the conference. This deposit will be refunded to those attending the conference.

Registration Deposit **\$75**

Optional Fee: Donation to help with conference expenses _____

TOTAL AMOUNT ENCLOSED _____

Deposit and conference registration must be postmarked on or before **April 15, 2019**.

Online registration is available until **May 10**.

Please make checks payable to **National MPS Society** and send to:

National MPS Society 2019 CYCLE Conference

PO Box 14686

Durham, NC 27709-4686

Please indicate the number of **registered** individuals who will be attending the following events so that we can make the proper room and food reservations.

of adults

_____ Friday welcome reception

_____ Saturday breakfast

_____ Saturday lunch

As an attendee of the conference, I agree to give the National MPS Society and its agents and affiliates unrestricted use of any and all photographs (including any photographic reproduction, still or moving, or any videotape and any electronic version thereof) the National MPS Society or its agents and employees have taken or will take of me and my family or in which we are included.

Name _____ Date _____

I am interested in participating in an interview with the Courageous Parents Network during the CYCLE conference.

YES NO

NON-PROFIT ORG.
U.S. POSTAGE
PAID
CHAPEL HILL, NC
PERMIT #74

National MPS Society
P.O. Box 14686
Durham, NC 27709-4686





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SCHOLARSHIP INFORMATION

Submit by March 1, 2019

The Family Support Committee of the National MPS Society is pleased to offer scholarships to attend the 2019 **Celebrating Your Cherished Life Experiences (CYCLE) conference**. Scholarships will enable individuals, who are not financially able, to attend the conference. The exact number of scholarships offered will be determined by the requests received and the financial needs of the applicant. Scholarships may be awarded to a spouse, child, parent or legal guardian of an individual with MPS or ML who has passed away.

The maximum scholarship award for registered conference attendees of \$687 can be divided between travel and lodging (if necessary). Reimbursement can be requested for mileage to the conference at the IRS approved rate, or for airfare for the scholarship recipient and spouse (partner or family member), and airport parking. The lodging portion of a scholarship is limited to \$187 (single room rate). If you cancel your registration within two weeks of being notified that you did not receive a scholarship, your \$75 registration deposit will be refunded.

Scholarship criteria:

- Spouse, child, parent or legal guardian of an individual with MPS or ML who has passed away
- U.S. resident
- Applicant must provide an explanatory letter with the application stating why they want to attend the conference and how they or their family may benefit.

The application form and explanatory letter must be completed and submitted electronically no later than **March 1, 2019**. The scholarship application form can be found at mpssociety.org/2019cycle. Receipts must be provided to obtain reimbursement through the scholarship program. Applicant confidentiality will be maintained at all times.

Kris Klenke, *Chairperson, Family Support Committee*



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MEMBERSHIP UPDATE

The National MPS Society would like to remain connected with you over the course of your journey and invites you to confirm your contact information to stay in touch. We want to support you through our bereavement programs and remember your loved one by sending a card each year on the date of his or her passing. Visit <http://bit.ly/mpsupdate> to confirm or update your information. This will renew your free membership for 2019. If you prefer to submit a hard copy, complete this form and mail it to:

National MPS Society
PO Box 14686
Durham, NC 27709

- NO, I am not interested in receiving bereavement materials**, but please confirm my information below and renew my free membership to the National MPS Society.
- YES, I am interested in receiving bereavement materials**, and please confirm my information below and renew my free membership to the National MPS Society.

Name _____ Relationship _____

Name _____ Relationship _____

Name of individual with MPS or ML _____

Diagnosis _____ Date of birth _____ Date of death _____

Name of individual with MPS or ML _____

Diagnosis _____ Date of birth _____ Date of death _____

Name of individual with MPS or ML _____

Diagnosis _____ Date of birth _____ Date of death _____

Address _____

City _____ State _____ ZIP _____

Daytime telephone _____ Evening telephone _____

Email address _____