ican 12th International Conference July 15-17, 2022
Philadelphia, PA
FROM THE PRESIDENT

Dear ican Families and Friends,

The Planning Committee of the ican Conference invites you to the 2022 International Children’s Anophthalmia Network conference in Philadelphia, PA. As you read through this registration packet, know that the Planning Committee is working hard on your behalf to make this an informative and rewarding conference. You will hear excellent speakers and attend workshops in which participants share experiences and learn not only from the experts leading the sessions, but also from one another.

If you are unable to participate, but would like to help out in other ways, or if you know of anyone who may be willing to donate to this worthy cause, please email us at ican@anophthalmia.org. We will email or mail all necessary forms to you.

Ryan McGrady
President, ican
ican 12th International Conference At-A-Glance

The conference will be held at the Notary Hotel in Philadelphia, a world renowned Hotel and Conference site owned by Marriott Hotels. The ICAN clinic on Friday, July 15 will also be held at the Children’s Hospital of Philadelphia and hosted by professionals from Children’s Hospital of Philadelphia, Legrand Associates, and select independent professionals. Please note that separate registration for the clinic is required (documents are below).

Child care will be provided by a team who is experienced working with children who are blind or visually impaired (additional details below). Accommodations at a special ican Conference Rate of $169/night at the Notary Hotel.

**FRIDAY, July 15**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am–4:00 pm</td>
<td>A/M Clinic</td>
<td>Children’s Hospital of Philadelphia</td>
</tr>
<tr>
<td>6:00 pm–9:00 pm</td>
<td>Coffee and Dessert Social</td>
<td>The Notary Hotel Philadelphia</td>
</tr>
</tbody>
</table>

**SATURDAY, July 16**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am–8:45 am</td>
<td>Childcare Drop Off</td>
<td>The Notary Hotel Philadelphia</td>
</tr>
<tr>
<td>9:00 am–4:00 pm</td>
<td>Conference Sessions</td>
<td>The Notary Hotel Philadelphia</td>
</tr>
<tr>
<td>6:00 pm-10:00 pm</td>
<td>Banquet</td>
<td>The Notary Hotel Philadelphia</td>
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**SUNDAY, July 17**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00am–11:00 pm</td>
<td>Brunch</td>
<td>The Notary Hotel Philadelphia</td>
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</table>

**CONFERENCE REGISTRATION**

Registration will be open through 6/15/22 (it is necessary to close registration 30 days prior to the event to provide final numbers for Childcare and Meals). The registration fee includes the Friday night social, breakfast, lunch, dinner and snacks on Saturday and brunch on Sunday, the facility for our sessions, printed materials, and speaker costs.

**REGISTRATION FEES**

<table>
<thead>
<tr>
<th>Participant</th>
<th>BEFORE 5/1/2022</th>
<th>5/2/19-6/15/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult(s)</td>
<td>$150.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>MD</td>
<td>$175.00</td>
<td>$225.00</td>
</tr>
<tr>
<td>Other Professional</td>
<td>$150.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**REGISTRATION REFUND POLICY**

Refund requests must be received in writing and postmarked no later than June 15, 2022. A $50 service fee will be charged for cancellations made under these terms.

Financial Support – if financial support is required, please contact Ryan McGrady & Erin Rosenberg for more details. Financial support will be limited and is dependent on generous donations from our ican partners.

Emails - rpmcgrady@yahoo.com & erinkkrosenberg@gmail.com
TRAVEL INFORMATION - UPDATE

AIR TRANSPORTATION

https://www.phl.org/

ACCOMMODATIONS
The Notary Hotel, Autograph Collection
21 North Juniper Street, Philadelphia USA Pennsylvania 19107
Tel: +1 215-496-3200

Discover a compelling blend of historic architecture and modern luxury at The Notary Hotel, Autograph Collection. Listed on the National Register of Historic Places, our landmark hotel in downtown Philadelphia showcases an inspired 1920s décor combined with all of today's modern amenities. Unpack in recently-renovated accommodations with complimentary high-speed Wi-Fi, luxurious beds, pristine marble bathrooms and expansive work stations. Satisfy your cravings with Spanish tapas and sangria at our signature restaurant, fuel up with a latte at our onsite coffee house or stay fit in our modern gym. Easily explore Philadelphia from our hotel's prime Center City location near the Liberty Bell, City Hall, Kimmel Center, Reading Terminal Market and the Convention Center. If visiting for event planning reasons, you'll appreciate our sophisticated venues with 10,500 square feet of versatile space. We provide everything you need for an unforgettable stay in Philadelphia at The Notary Hotel, Autograph Collection.

Link to ICAN Rate

https://book.passkey.com/e/50229989

FREE CHILD CARE
Childcare will be on site at the Notary Hotel and will be provided by Corporate Kids Events (a company specializing in event childcare, including children with special needs). This will allow parents to come and go easily from the sessions to check in with their children. There will also be some fun activities for the children during this time that will be provided by Corporate Kids Events.

SPONSORS NEEDED FOR THE CONFERENCE SCHOLARSHIP FUND
Some of ican members wish to attend the educational conference but due to financial constraints may not be able to do so. We are looking for people to donate to the Conference Scholarship Fund to help those who cannot afford to come. If you are interested in fully or partially sponsoring those in need, send a check to the address below. Your donation is tax-deductible and a great way to help others touched by A/M.

ican
Ryan McGrady
4527 Deep Creek Way
Doylestown PA 18902
**FRIDAY, JULY 15**

9:00 am—4:00 pm  
**A/M CLINIC: Children’s Hospital of Philadelphia**  
REGISTRATION REQUIRED – Clinic Appointments to be provided after registration (Scheduled created in June)  
Free medical consultations with Ocularists, an oculoplastic surgeon, ophthalmologist, geneticists and genetic counselors

6:00 pm—10:00 pm  
**Coffee and Dessert Social**  
Notary Hotel Philadelphia – Grand Ballroom & Foyer

**SATURDAY, July 20**

**CONFERENCE: Notary Hotel – Grand Ballroom & Foyer**

8:00 am—8:45 am  
Registration, Breakfast and Child Drop-off  
Notary Hotel – Logan/Rittenhouse/Washington Room

9:00 am — 9:15 am  
**Introductory Remarks** – Ryan McGrady and Adele Schneider

9:15 am — 10:00 am  
**Genetics Discussion** – Dr. Alanna Strong

10:00 am — 10:30 am  
**Ophthalmology** – Dr. Gil Binenbaum (CHOP)

10:30am – 11:00am  
**Ocular plastics** – Dr. Karen Revere (CHOP)

11:00 am — 12:00 pm  
**Education Discussion** – Donna McNear

12:00 pm — 1:00 pm  
Lunch – Grand Ballroom

1:00 pm — 1:45 pm  
**Ocularist** – Joe Legrand

1:45 pm — 2:45 pm  
Beth Ramella – Overbrook School for the Blind

2:45 pm — 3:45 pm  
Panel Discussion/Breakout Sessions (Lead by Erin Rosenberg)

3:45 pm — 4:00 pm  
**Wrap Up** – Ryan McGrady

4:00 pm  
Childcare Pickup – Notary Hotel – Logan/Rittenhouse/Washington

6:00 pm – 10:00 pm  
Dinner and Reception – Notary Hotel – Grand Ballroom

**SUNDAY, July 21**

**BREAKFAST: Notary Hotel – Grand Ballroom**

9:00 AM – 11:00 AM
FREE A/M CLINIC – Registration Required

FRIDAY, JULY 15

ICAN will host a Free Anophthalmia/Microphthalmia Clinic on Friday, July 15 with participating physicians from CHOP. Participants will have the opportunity to consult with pediatric ophthalmologists, Ocularists, an oculoplastic surgeon, geneticists and genetic counselors. If you would like to have your child evaluated by any of the specialists, please answer the following questions and mail this form back with your registration form. We invite anyone interested to request an evaluation. We will contact you to let you know if your child is eligible for these consultations.

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date of Birth</th>
<th>Parent’s Name</th>
<th>Phone #</th>
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<tbody>
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</table>

Address

<table>
<thead>
<tr>
<th>Unilateral or Bilateral</th>
<th>Anophthalmia or Microphthalmia</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle one)</td>
<td>(circle one)</td>
</tr>
</tbody>
</table>

Other medical conditions or developmental delay? Yes ______ No ______
If yes, please describe ________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Nearest Medical Center ________________________________
Distance from your home ______________________________

Name of Medical specialists who care for your child:

Ocularist ___________________________________________

Ophthalmologist ______________________________________

Oculoplastic Surgeon __________________________________

Genetics _____________________________________________
ican 12th INTERNATIONAL CONFERENCE | JULY 15-17, 2022

REGISTRATION FORM

Name of Attendees ____________________________________________
__________________________________________________________

Address ____________________________________________________
__________________________________________________________

City ___________________________________ State ___________ Zip Code __________

E-mail ___________________________________
Telephone (day) ___________________________ Cell ________________________

INFORMATION ABOUT THE PERSON WITH A/M IN YOUR LIFE

Name _________________________ Age __________
Name _________________________ Age __________

SPECIAL REQUESTS
Any hotel-related special requests (i.e. cribs, refrigerators, or roll away cots) should be taken up with the hotel staff.

Would you like to be included in our Conference Directory of Attendees?  Yes _____ No _____

CONFERENCE REGISTRATION FEES AND PAYMENT METHODS

<table>
<thead>
<tr>
<th>Conference Attendee</th>
<th># of people</th>
<th>Fee BEFORE 5/1/19</th>
<th>Fee AFTER 5/1/19</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult(s)</td>
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GRAND TOTAL __________

TO REGISTER
Please mail your completed form with check payable to ican  to:

Ryan McGrady
4527 Deep Creek Way
Doylestown, PA 18902

Each family is responsible for their hotel room or lodging; it is not a part of registration. The registration fee includes the Friday night mixer, breakfast, lunch, dinner and snacks on Saturday and brunch on Sunday, the facility for our sessions, and speaker costs.
CHILD CARE REGISTRATION (FREE)

___Yes, I will need child-care.

Please reserve for # _________ children.

Name ___________________________ Age _________
Name ___________________________ Age _________
Name ___________________________ Age _________
Name ___________________________ Age _________

INFORMATION ABOUT THE PERSON WITH A/M

Name ___________________________ Birth date ___/___/___
Name of Parent/Guardian ___________________________

Child’s primary means of communication?

Speech ___ Sign Language ___ Gestures ___ Other __________________

Does your child speak English? Yes ___ No ___

Does your child understand English? Yes ___ No ___

Additional information you want us to know:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

PLEASE NOTE THE FOLLOWING

• Please remember to provide diapers, a change of clothes and any other essential items or equipment for the childcare room. All items (strollers, infant seats, clothing, diaper bags, etc.) should be clearly labeled with child’s full name.

• Games and activities will be provided.

• Childcare participants must wear a name tag. Name tags will be provided in your registration packet.

• You must provide food if your child has any dietary restrictions or formula for infants.

I understand and agree that neither ican nor any cosponsoring organization, nor their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for injury I or my child may suffer during or resulting from our participation in this program.

Parent Signature ___________________________ Date ___________________