POST POLIO SUPPORT SOCIETY NZ (INC)

2010 Post Polio Conference Hamilton September 8 & 9 2010.

Registration Form to be completed and sent with cheque

Name: _____ _____ _____
Mr/Mrs etc Surname Preferred greeting name or First name

Address:_____

Phone_____E Mail_____

Have you had Polio **Yes/ No** If not what is your interest? **(Carer, Family, Job)**

_____

I plan to attend the Wednesday Dinner at a cost of **$ 50.00**

I plan to attend the AGM/Mini Conference at a cost of **$ 50.00**

Attached please find a cheque for : (or bring to conference) **$_____**

Do you wish to stay overnight at the Airport Inn YES/NO and if YES do you wish:

An accessible room – YES/NO Single Twin Share Double (Cross out as necessary)

Please enter the name of the person you wish to share: _____

Registrations close Wednesday September 1st 2010 with Mrs Edith Morris

Signed:_____Date:_____

Please post to: Mrs Edith Morris
President
Post Polio Support Society of NZ Inc
P.O. Box 12 357 Hamilton or Phone 0800 476 546
or E mail edith@catchword.co.nz