



REGISTRATION FORM
27TH ANNUAL CONFERENCE
THURSDAY 31ST AUGUST FRIDAY 1ST SEPTEMBER 2017
VENUE: HAMPSTEAD REHABILITATION CENTRE
Hampstead Road Northfield S.A.

NAME _____

ADDRESS _____

POST CODE _____

CONTACT: Telephone _____ Email _____

ORGANISATION _____

DIETARY NEEDS _____

FEES	MEMBER	NON MEMBER	TOTAL
THURSDAY 31 st	\$ 60.00	\$ 70.00	
FRIDAY 1 st	\$ 60.00	\$ 70.00	
FULL	\$110.00	\$130.00	

PLEASE MAKE PAYMENT TO:
SPINAL INJURY NURSES ASSOCIATION

Direct Deposit:

Account 06 2589 28009078 Commonwealth Bank Westfield Plaza Penrith 2750

Or Register: Eventbrite.com/e/spinal-injury-nurses-association-annual-conference-tickets-33143664593

Email Registration : jhebblewhite@bigpond.com.

I WILL /WILL NOT be attending “Scarlett Road’ viewing. \$5 payable at screening

I WILL / WILL NOT be attending Dinner. No of persons _____ (approx.. \$45 pp)

Details of venue and payment will be forwarded to attendees once confirmed.

Dietary needs _____

