



REGISTRATION FORM
26TH ANNUAL CONFERENCE
THURSDAY 25TH FRIDAY 26TH AUGUST 2016
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 25 TH	\$ 60.00	\$ 70.00	
FRIDAY 26 TH	\$ 60.00	\$ 70.00	
FULL	\$110.00	\$130.00	

PLEASE MAKE PAYMENT TO:
SPINAL INJURY NURSES ASSOCIATION

POST TO
John Hebblewhite
Hon. Secretary
5 Braemar Drive
Penrith 2750

DIRECT DEPOSIT
Account 06 2589 28009078 Commonwealth Bank Westfield Plaza Penrith 2750

