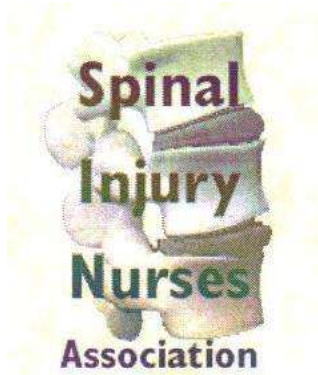


REGISTRATION FORM

25TH ANNUAL SPINAL INJURY CONFERENCE
THURSDAY 27th FRIDAY 28th AUGUST 2015



VENUE
ROYAL REHAB CENTRE
MORRISON ROAD
RYDE NSW

NAME _____

ADDRESS _____

_____ POST CODE _____

CONTACT: Telephone _____

Email _____

ORGANISATION _____

DIETARY NEEDS _____

FEES	MEMBER	NON MEMBER	TOTAL
Thursday August 27 th []	\$50	\$60	
Friday August 28 th []	\$50	\$60	
Both Days []	\$110	\$120	

Please make cheque payable to SPINAL INJURY NURSES ASSOCIATION

Post to:

Graham Glendenning

52 Marie Street

Castle Hill 2154

Email gcg@iinet.net.au

