CONFERENCE REGISTRATION FORM

**“We’re Still Here!”**

**Living with the Late Effects of Polio**

**A One-Day Post-Polio Conference in the San Francisco Bay Area**

**Saturday, September 20, 2014**

Pleasant Hill Community Center

320 Civic Dr.

Pleasant Hill, CA 94523

Conference hosts: The San Francisco Bay Area Polio Survivors (SFBAPS),

Post-Polio Group/California North Coast (Sonoma),

Sacramento Post-Polio Support Group (SPPSG)

& Shriner’s Hospital for Children, Sacramento

FINAL REGISTRATION DEADLINE: September 12, 2014

Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Practitioner? \_\_\_ Field of Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Polio Survivor: Bulbar \_ Spinal \_ Wheelchair\_\_ Scooter\_\_ Crutches\_\_ Service Dog\_\_

Family/Care Giver’s Name (for name tag) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other guest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Group/Org. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For updated conference information go to [sfbapoliosurvivors.org](mailto:sfbapoliosurvivors@comcast.org)

Registration fees: (includes lunch) Polio Survivor # Family/Other Total\_\_

Early Registration, rec’d. by Sept. 1 $25 \_\_ $10 $ \_\_\_\_

Received after Sept. 1, 2014 $30 \_\_ $15 $ \_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Total** | $ |

**Payment:** Mail completedregistration form with check or money order in US fundspayableto: SFBAPS, P O Box 5104, Concord, CA 94524-0104.

**Cancellations:** Registration fees will be refunded, less a $10.00 administration fee, if cancellation is received by written notice via mail or Internet no later than Sept. 6, 2014

**Questions?** [sfbaps@comcast.net](mailto:sfbaps@comcast.net), *925-286-9804, 650-464-2865, 925-689-7058 or 415-648-1954*.