

ATLANTIC CEREBRAL PALSY ASSOCIATION

38TH ANNUAL CONFERENCE and GENERAL MEETING

MAY 28TH, 29TH AND 30TH, 2010

HOLIDAY INN HARBOURVIEW
DARTMOUTH, NS

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY/TOWN/PROV. _____

TELEPHONE: _____

Email (optional) _____

\$50.00 Registration Fee per person x _____ Number registering = \$ _____

Out of Town participants

Do you need transportation from airport or bus stations? Yes _____ No _____

If yes, what is required _____

Any other comments or requirements _____

Applications must be received by the HRCPA by April 30th, 2010.

Please mail to: Halifax Regional Cerebral Palsy Association
Quinpool Postal Outlet
P.O. Box 33075
Halifax, NS B3L 4T6

Any questions or concerns, please email us at cerebral.palsy@ns.sympatico.ca.