

Brandon Epilepsy Conference Registration Form

Date: Saturday, September 27, 2008 from 12:00 - 5:00 PM

Location: School of Health Studies (Room 143), Brandon University

Conference Registration Fee: \$ 10.00 Individual (Includes Taxes and Nutrition Break)
\$ 20.00 Family (Includes Taxes and Nutrition Break)

Please Print Clearly

Name: _____

Mailing Address: _____

City/Town: _____ **Province/State:** _____

Postal Code: _____

Telephone: _____ **Email:** _____

Number of family members attending _____

Lunch is Optional and available for a pre-paid price of \$10.00 per person. Please indicate your choice with \surd and include the number of orders.

Quiche & salad () # of orders _____

OR

Wrap & salad () # of orders _____

Please note any dietary preferences below with your lunch order.

In order to reserve your seat and lunch, payment by cheque MUST accompany your registration

Please make the cheque payable to: Brandon Epilepsy and MAIL with the completed registration form by **September 19, 2008 to the attention of:**

Wendy Haidey
Room 105, School of Health Studies
270 – 18th Street
Brandon University, Brandon, MB R7A 6A9
Phone (204) 571-8569