

REGISTRATION FORM - Dravet's Syndrome Conference

I would like to book ____ place/s for the Conference on **Saturday** August 23rd 2008.

I would like to book ____ place/s for the Family Day on **Sunday** August 24th 2008

PLEASE FILL IN NAME/S OF ATTENDEE/S:

Title: First name(s): Surname:

Title: First name(s): Surname:

ADDRESS FOR CORRESPONDENCE:

.....
.....

TELEPHONE NUMBER/S:

Home Work Mobile

IMPORTANT INFORMATION, PLEASE COMPLETE THE FOLLOWING:

Name of child with Dravet's Syndrome: Date of Birth:

Your Relationship to child with Dravet's Syndrome:

Do you have any special **Dietary Requirements**? Please specify:

.....

Are you interested in **Funding Assistance**? **Yes / No** (Please circle as appropriate)

Do you give permission for EFV / Austin Hospital to use any photographs that may be taken during the Session/s? **Yes / No** (Please circle as appropriate)

Are you happy to share your contact details with other Conference Attendees? **Yes / No** (Please circle as appropriate)

Do you agree to administer any medications the child in your care may require, during the Conference? **Yes / No** (Please circle as appropriate)

COST OF EFV INFORMATION SESSIONS:

- \$10 per person
- \$5 concession
- Members free

All information supplied is treated in the strictest of confidence