Post-Polio Care
Past, Present and Future
Featuring Conversations with
Dr. William DeMayo, MD and Dr. Daniel Wilson, PhD.
August 26, 2017 10am to 1pm

Information and Registration:

Doylestown, PA Location
Bucks County Intermediate Unit
705 N. Shady Retreat Road, Doylestown, PA 18901

Directions
This facility is easily accessible from Rt. 611. It is 12 miles from the Willow Grove Exit of the Pa. Turnpike and approx. one hour from either Allentown or Philadelphia Pa. and Trenton, NJ

Conference Schedule:
10:00 am – Event Registration and Survivor “Meet and Greet”.
10:30 am – Presentation by Dr. Daniel Wilson, PhD*
11:00 am – Presentation by Dr. William DeMayo, MD*
11:30 – 12:30 – Interactive Q & A (with all three locations)*
1:00 pm – 2:00pm - “Lunch Bunch” and casual conversation with our speakers.
* Televised live to Cranberry and Hanover locations

Conference Pricing:
Conference Price: $20 pp
Post-Conference Lunch : $12 pp

Handicapped Accessibility:
The Bucks County Intermediate Unit is Handicapped Accessible.
**If you need personal assistance re: bathroom facilities, please bring a caregiver. Feel free to call the number below.**

Hotel Accommodations:
The closest hotel (10 min drive) to the Conference site is the Hampton Inn in Warrington. We have reserved a small number of rooms.
Bucks County Pa. is the home of beautiful B&B’s and small hotels.
Feel free to email or call us for more information.

On Line Registration forms are attached.
Join us for an informative, fellowship filled day.

Contact Information:
Telephone: 267-798-9664
Email: poliojim1945@gmail.com
On Line Payment Registration Form

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Past, Present and Future

Doylestown, PA

Conference Location: 705 N. Shady Retreat Road, Doylestown, PA 18901

August 26, 2017 10am to 1pm

Name: ______________________________________________________________

Email Address: _______________________________  Phone #: ___________________________

Mailing Address:
   PO Box: _____
   Street: _____________________________________________________________
   City: ___________________________________  State: _____  Zip: ______

Names of Additional Registrants included on this form (limit of 3):

Name: __________________________ Email: __________________ Phone: ______________

Name: __________________________ Email: __________________ Phone: ______________

Name: __________________________ Email: __________________ Phone: ______________

# of Registrants (on this form) using a Wheelchair (or) Motorized Scooter: ________

On (Date) ________________ I made an online payment to PPSN for _____ participants.

PayPal / CC Confirmation # ______________

1. # Participants x $20 ________
2. # Lunches x $12 ________
3. Additional Donation ________

Total Amount Paid: ________

Please Scan and Email this completed form to papolionetwork3@gmail.com
(or) Mail this competed form (prior to 8/20/2017) to:
PPSN Conference, 3365 Lace Leaf Dr., Doylestown, Pa. 18902

Join us for an informative and fellowship filled day.  (We are a registered 501C3 Organization).

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Registration Form (By US Mail)

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Name: ______________________________________Email: ____________________ Phone: ________________

# of Registrants (on this form) using a Wheelchair (or) Motorized Scooter: ________

Conference Price:  $20.00
Lunch (opt.):          $12.00

Enclosed is my check made payable to PPSN for _____ participants.

1.  # Participants x $20         ________
2.  # Lunches x $12               ________
3.  Additional Donation        ________

Total Enclosed: ________

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