



Registration Form (By US Mail)

The "Best of PPS"

A Webcast with Dr. Richard Bruno

October 27th, 2018, 1:00 PM US (EDT)*

10:00 AM (WDT), 12:00 pm (CST), 1:00 PM US (EDT)

Name: _____

*Email Address: _____ Phone #: _____

Mailing Address:

PO Box: _____ Street: _____

City: _____ State: _____ Zip: _____

Names of Additional Registrants included on this form (limit of 5):

Name: _____ *Email: _____

Name: _____ *Email: _____

Name: _____ *Email: _____

Name: _____ *Email: _____

Name: _____ *Email: _____

Webcast Price: \$10.00 per person Donation to Pennsylvania Polio Survivor's Network

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

1. # Participants x \$10 _____

2. Additional Donation _____

Total Enclosed: _____

***We will be sending all remaining communications and the "link" to access the webcast to this email address. Please Print Clearly. Please verify correct time in YOUR time zone.**

**Please Mail this form and your check (by October 19th) to:
PPSN Conference, 3365 Lace Leaf Dr., Doylestown, Pa. 18902**

Question for Dr. Bruno (can be continued on the back of this form) : _____

Join us for an informative, fun and information filled day.

www.papolionetwork.org

We are a registered 501C3 Organization.