



Saskatchewan Brain Injury Association

Fall Retreat Registration Form

Saturday October 28th & 29th, 2017

Executive Royal Hotel Regina, 4025 Albert Street, Regina

Name: _____

Chapter: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Would you like to receive our newsletter by email? YES NO

Do you have any special dietary needs? YES NO

If yes, please describe: _____

Will you be staying overnight at the hotel? YES NO

If yes, please provide the following information:

Name of Roommate or Family member attending with you: _____

Do you need a Caregiver to help you? YES NO

Have you arranged for one? YES NO N/A

Do you have Mobility or other Special Needs that you need accommodated during the Retreat?
 YES NO

If yes, please explain: _____

Emergency Contact Person: _____

Phone: _____

WAIVER: I hereby authorize Saskatchewan Brain Injury Association to release and to publish, in print or non-print form, any photographs, videos or recordings taken of my children and/or myself while attending this event.

Signature

Date

Please enclose a cheque for your registration – check one:

(if cost is a problem, please contact us)

NOT in HOTEL

\$40 per person for Members

\$50 per person for Non-Members

STAYING at HOTEL

\$50 per person for Members

\$60 per person for Non-Members

Note: Rooms are limited and only available to people who live outside of Saskatoon. Fees are non-refundable.

MAIL this form & your cheque to:

SBIA, 230 Avenue R South, SPH Residence, C-Wing, Room 422 | Saskatoon, SK | S7M 2Z1

If you have any questions please feel free to contact Jeanine Hackl at sbia.support@sasktel.net