



**Preventing Falls Together Conference Registration Form**  
**\*Coalition Members\***  
**October 29-30, 2009 Holiday Inn, Truro**

**To Register:**

Please complete the information below and return this form by Sept 25, 2009.

**Financial assistance to attend (upon request, subject to budget restrictions):**

- Mileage assistance available
- Overnight accommodations can be arranged at the Holiday Inn for members having a considerable distance to travel.

**Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Coalition you are representing**

\_\_\_\_\_

Will you be attending the full conference?       Yes       No

If No, please indicate which meals you **will** require

Lunch Oct 29     Dinner Oct 29     Breakfast Oct 30     Lunch Oct 30

Will you require overnight accommodations?       Yes       No

If yes, for which nights?

Wednesday, October 28<sup>th</sup>       Thursday, October 29<sup>th</sup>

Rooms are double occupancy with 2 queen size beds. Subsidized coalition members are requested to share rooms.

Name of roommate: \_\_\_\_\_

**Special Requirements:** (food allergies, accommodations etc.)

\_\_\_\_\_

**Please return by fax, mail, or e-mail by September 25, 2009 - Thanks!**

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