



## YOUR VOICE COUNTS SYMPOSIUM

**Date:** Saturday 20<sup>th</sup> March 2010

**Venue:** Deaf CanDo (Royal Deaf Society South Australia)  
262 South Terrace, Adelaide SA 5000

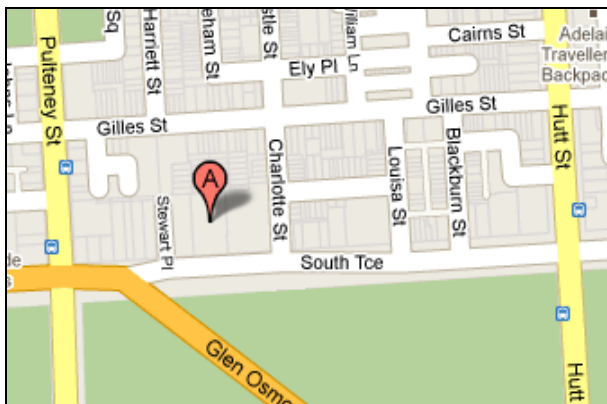
**Time:** Registration 9.15am  
Proceedings commencing at 9.30am

**Cost:** \$30 per person (includes Morning Tea & Conference Pack).

Conference Pack comprises the **NEW** Meniere's Information Brochure Kit and either 'The Dizzy Chef – Healthy Cooking' low salt recipe book or Dizzy Terror Video. Tick your choice on registration form.

**How to book:** Please complete registration form on right to confirm your booking. Remember to tell us if you have any special requirements regarding **hearing assistance or dietary needs**. A tasty low salt morning tea is included in the Symposium registration fee.

Send your completed form and cheque to:  
Meniere's Australia Inc  
Suite 4 18-28 Skye Road Frankston Vic 3199



### How to find:

Royal Deaf Society SA  
262 South Terrace  
Adelaide SA 5000

Bus stops on Pulteney Street for routes 861, 863, 864 & 865 within walking distance from the venue.  
Terrace to Terrace Tram stops also within walking distance.  
Visit the Adelaide Metro website for public transport info:

<http://www.adelaidemetro.com.au/>

\* Registration form required by 15th March 2010 for catering purposes.

\*\* Please note: we make every attempt to provide a low-salt menu, although we are restricted to what the caterers can adapt from their standard menu.



## YOUR VOICE COUNTS SYMPOSIUM

Saturday 20<sup>th</sup> March 2010 – Deaf CanDo (Royal Deaf Society South Australia) 262 South Terrace, Adelaide SA 5000

### REGISTRATION FORM

Yes I want to attend the Meniere's Australia Conference (\$30 per person includes Morning Tea & Conference Pack)

Number attending

Please use block letters

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Guest(s) name(s): \_\_\_\_\_

I enclose a cheque for \$ \_\_\_\_\_ payable to Meniere's Australia Inc.

Please charge my credit card \$ \_\_\_\_\_  Visa  Mastercard

Card No:     /     /

Exp:   /   Signature: \_\_\_\_\_

*\*Please indicate any special dietary requirements, e.g. vegetarian, diabetic, celiac, etc*

Tick if Hearing Loop &/or FM system required

Tick if you would like included in your Conference Pack, either the

Dizzy Chef Recipe Book  or Dizzy Terror Video