

# **“Casual Coffee Moments”**

## **With Dr. Richard L. Bruno, HD, PhD.**



**Sunday, October 4<sup>th</sup>, 2015 1 – 4 pm**  
**(“Meet and Greet” begins at 11:00 am)**  
**Hilton Garden Inn, Fort Washington, Pennsylvania**

**Presented by Delaware Valley Polio Survivors**

Join us for a Personal Question and Answer Session  
with the Director of the International Centre for Polio Education  
and the Author of *The Polio Paradox*

The conference is limited to only 100 people, allowing Dr. Bruno to keep  
his personal style and the Harvest Center Coffee House atmosphere  
that we see on his Facebook page.

Conference Price (Including Lunch) - \$30

The Registration Form (attached) is also available on the  
Delaware Valley Polio Survivors  
website [www.dvpsapa.com](http://www.dvpsapa.com) (or) by calling 267-798-9664

There are rooms available at the Hilton Garden Inn at a reduced rate.  
Call 215-646-4637 and mention “Casual Coffee Moments” Conference

The Hilton Garden Inn, is easily accessible to I95 and the Pa. / NJ Turnpikes.

530 Pennsylvania Ave, Fort Washington, PA 19034

<https://www.google.com/maps/place/Hilton+Garden+Inn+Philadelphia%2FFt.+Washington/@40.132372,-75.204565,15z/data=!4m2!3m1!1soxo:oxb8i88fb3ffe35fb5>

All net proceeds from the conference will be donated to  
the International Centre for Polio Education



# Registration Form - "Casual Coffee Moments"

October 4, 2014

Hilton Garden Inn, Fort Washington, Pa.

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 \_\_\_\_\_

Conference Price: \$30.00

Enclosed is my check made payable to: DVPSA, for \_\_\_\_\_ participants.

Enclosed (# participants x \$30) : \_\_\_\_\_

Additional Donation to The International Centre for Polio Education: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

Please mail check and registration form to:

DVPSA, 226 Newtown-Richboro Rd., Richboro, Pa. 18954

Registration Questions? Call 267-798-9664 (or) Email [dvpsapa@gmail.com](mailto:dvpsapa@gmail.com)

For Health Care Professionals: I am affiliated with \_\_\_\_\_

Do you have a question for Dr. Bruno? \_\_\_\_\_

**\*\*\*Please Mail Your Check as soon as possible\*\*\***

**The conference is limited to 100 participants  
(Maximum of 4 registrants per form)**

Form # \_\_\_\_\_ Date Received \_\_\_\_\_