



Registration Form

**Fintan O'Regan**

**Saturday Morning 27 February 2010**

**To be held at**

**South Farnham School, Menin Way, Farnham, Surrey GU9 8DY**

**10.00 for 10.30**

Mr

Mrs

Ms

Miss

Other

First names:	
Surname:	
Address:	
Telephone:	
Daytime telephone/mobile:	
Email:	

Payment of £15 enclosed:

Cheques should be made payable to:

**H.A.D.C.**

and sent to

**The Helen Arkell Dyslexia Centre**

**Arkell Lane**

**Frensham**

**Farnham**

**Surrey**

**GU10 3BL**

If you wish to pay by credit card, please telephone The Helen Arkell

Dyslexia Centre on tel:01252 792400.