

**Riding for the Disabled Association (NSW**

**2024 AGM/Dinner – 4 ay 2023**

**REGISTRATION FORM**

NAME………………………………………………………………………….………………

POSITION – held at State/Centre level …………………………………………………………………………….

ADDRESS ……………………………………………………………………………Postcode………...…

PHONE: …………………………………... EMAIL….………………...…………………

.

……………………………….………. RDA CENTRE

**BOOKING INFORMATION**

(please *circle appropriate information*)

I am travelling by PLANE / BUS / TRAIN / CAR

I expect to arrive on ……………………….……………(day) at …………………………….………. (time)

I will be attending the AGM…………………………………………………………… YES / NO

I will be staying for the AGM Dinner……………………………………………………… YES / NO

*($30 will be required if you are attending Saturday night “Awards Dinner”)*

I expect to depart on …………………………………………………………. (day) at ……………...…………………...(time)

**Add my room booking/bookings to list for Rydges Norwest Sydney held at State Office**

**(specify how many rooms required)** ……………………………………………………………………………………

**Do not contact the Motel until 31 March 2024 after the list from State Office has been sent.**

I have my own accommodation …………………………………………………………………………………… YES / NO

Please note any dietary requirements or special needs:

……………………………………………………….………………………………………………………………………………………………

AGM Dinner have been subsidised by RDA(NSW) as noted on the Information Sheet.

I will be providing photos for the Popular Choice Photo exhibition………………………………………………………YES / NO

**CLOSING DATE for registration is 22 March, 2024**

*(send a copy of the payment receipt to SO or note on this form that payment has been made)).*

**Please send your registration to:**

**RDA(NSW) State Office *PO Box 710* SYDNEY *MARKETS NSW 2129* *OR* *Email:*** [***stateoffice@rdansw.org.au***](mailto:stateoffice@rdansw.org.au)

**Payment details**:

**Paying by bank transfer –**

**Our bank details: Account: Riding for the Disabled Association (NSW), BSB: 032 569 Account: 154895**

***Include surname & your centre’s name for reference.***