

# inmr

the children's hospital at Westmead

The Institute for Neuroscience and Muscle Research



THE UNIVERSITY OF  
SYDNEY

Thank you, I/We would love to attend the INMR's Tour Duchenne Fundraising Dinner at Sydney Cooking School on Friday 24<sup>th</sup> / Saturday 25<sup>th</sup> September 2010 for 7pm start

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

Surname: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ (M): \_\_\_\_\_

(Mob): \_\_\_\_\_

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

I would like to purchase \_\_\_\_\_ Friday 24<sup>th</sup> ticket(s) @ \$120.00 each (GST inclusive)  
\_\_\_\_\_ Friday 24<sup>th</sup> ticket(s) @ \$150.00 each (GST inclusive)  
\_\_\_\_\_ Saturday 25<sup>th</sup> ticket(s) @ \$120.00 each (GST inclusive)  
\_\_\_\_\_ Saturday 25<sup>th</sup> ticket(s) @ \$150.00 each (GST inclusive)  
\_\_\_\_\_ Total amount

Cash

Cheque

Visa

MasterCard

Amex s/c

Card Holder's name: \_\_\_\_\_

Expiry: \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send your order form to:**

Ms Leigh Waddell

Institute for Neuroscience and Muscle Research

The Children's Hospital at Westmead

Locked bag 4001, Westmead NSW 2145

**Phone:** 9845 1455 **Fax:** 9845 3078 **E-mail:** LeighW@chw.edu.au