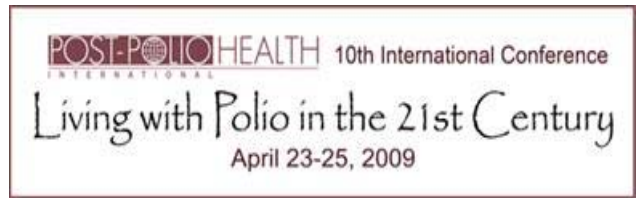


# CD of Program Booklets Now Available

## Reduced Price for Members

Daily program booklets (Thursday-60 pgs; Friday-98 pgs; Saturday-70 pgs) from PHI's 10<sup>th</sup> International Conference: *Living with Polio in the 21<sup>st</sup> Century* are now available. In PDF format on a single CD, they contain abstracts, handouts, etc., including supplementary information.

Cost to **Members: \$18 postpaid**  
Nonmembers: \$25 postpaid



- I want to become a Member of PHI and would like to purchase the CD from PHI's *Living with Polio in the 21<sup>st</sup> Century*. Please add \$18 to my membership fee.
  - Included amount in check for Membership
  - Charge to my credit card (info same as below)
- I am already a Member, but would like to purchase the CD for \$18.
  - Check included
  - Charge my credit card (include info below)



POST-POLIO HEALTH INTERNATIONAL  
INCLUDING INTERNATIONAL VENTILATOR USERS NETWORK

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## I want to become a Member at the following level:

- Subscriber (\$30)\*  Subscriber Plus (\$55)  Contributor (\$100)
- Sustainer (\$150)  Bronze Level Sustainer (\$250)
- Silver Level Sustainer (\$500)  Gold Level Sustainer (\$1,000)
- Platinum Level Sustainer (\$5,000)  Gini Laurie Advocate (\$10,000)

Enclosed is my check to *Post-Polio Health International*  
 Or Charge my  MasterCard  VISA  Discover  
 Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Signature \_\_\_\_\_

- \*My newsletter selection:
- Post-Polio Health (12-Page Quarterly)**
  - Ventilator-Assisted Living (12-Page Quarterly)**

*Subscriber Plus Members, Contributors and Sustainer Levels receive both newsletters! See reverse side for benefits.*

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 All **Sustainer Level** members receive one additional gift membership to either:  a person of your choice (include name and address immediately below) or  
 a person who has expressed financial need to PHI

Name \_\_\_\_\_  
 Affiliation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip/PostalCode \_\_\_\_\_  
 Country \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Send to:**  
**Post-Polio Health International**  
 4207 Lindell Boulevard, #110  
 Saint Louis, MO 63108-2930

**QUESTIONS?** [www.post-polio.org](http://www.post-polio.org)  
 314-534-0475 or [info@post-polio.org](mailto:info@post-polio.org)  
 314-534-5070 (fax)