Living with a Disability Health and Wellness Information Day

Quality Inn, 1717 Victoria Ave, Regina, SK, March 31, 2014

REGISTRATION FORM	
Name:	
Address:	
Email Address:	Phone Number:
Are you: An individual living with a disability A caregiver of an individual living with a disabil Health Professional / Service Provider Name of organization: Occupation:	<u> </u>
Are you a registered member of: March of Dimes Canada Muscular Dystrophy Canada Heart and Stroke Foundation of Canada Saskatchewan Voice of People with Disabilities	
In order to help with seating plans, please indicate if y Power wheelchair	ou use a: ☐ Manual wheelchair
□ Walker	□ Scooter
Other mobility equipment:	- Scoolei
Please state any dietary specifications such as allergies, preferences (e.g., vegetarian), or special requests / requirements:	
How did you hear about Living with a Disability?	
□ Social Media	 March of Dimes website
□ Friend / Family	 Phone call from March of Dimes Canada
☐ Healthcare provider	Other:
I grant permission to March of Dimes Canada to photograph me during Living with a Disability and to use any photographs of me for March of Dimes Canada purposes, including education, awareness and marketing in any media.	
□ Yes □	No
Signature:	Date:

Registration Fees: \$10.00 Attendees / \$25.00 Health Professionals

Cheques or Credit Cards Accepted To Register and Pay Contact:

Xilonem López

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