

THE 2012 PATIENT FORUM FOR SPONDYLOARTHRITIS

Courtyard Marriott Hotel, Downtown Toronto
475 Yonge St, Toronto, ON M4Y 1X7
Saturday, 12th May 2012

REGISTRATION FORM

PARTICIPANT INFORMATION (Please print clearly.)

Title _____ First Name _____ Last Name _____

Family member attending _____

Mailing Address:

House/Suite # _____ Street Name _____

City _____ Province _____ Postal Code _____

Contact Information:

Home Phone: _____ ; Cell Phone: _____

Work Phone: _____ ; Fax: _____

E-mail address: _____

(Please note that changes in your registration and/or cancellations require at least 2-weeks notice.)

PRIVACY STATEMENT

Please note that your personal information will be used for contact and administration purposes for the conference only and will NOT be shared.

Please return this completed form to:

Ms Maria Morales

UHN - Toronto Western Hospital

399 Bathurst St, 2E-412a, Toronto, Ontario M5T 2S8

Phone: 416-603-5800 x5093 or

Fax: 416-603-9387

Email: mmorales@uhnresearch.ca

Pre-registration is required to guarantee space.

For further program information please contact:

Michael Mallinson, President, Canadian Spondylitis Association

e-mail: michael.mallinson@rogers.com or phone: 416-694-5493