

THE 2012 PATIENT FORUM FOR ANKYLOSING SPONDYLITIS

Metropolitan Hotel, Vancouver
645 Howe St, Vancouver, BC V6C 2Y9
Saturday, 16th June 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 Jenny Clark

CLARK PHYSICAL THERAPY

#208 - 888 West 8th Ave, Vancouver, BC V5Z 3Y1

Phone: 604 - 877 - 0735 or

Fax: 604 - 877 - 0736

Email: jenny_clark50@hotmail.com

Pre-registration is required to guarantee space.