

REGISTRATION FORM

EDUCATIONAL CONFERENCE ON LEUKODYSTROPHIES

September 16, 2016 - MUHC Research Institute - Bloc E (1001 Decarie Blvd., Montreal)

1. IDENTIFICATION

Participant 1

Participant 2

Participant 3

Organization

Address

City

Postal Code

Telephone

Email

2. CONFERENCE Registration

Registration fees include snacks and lunch

Adults: \$50

Students: \$25

If you are the parent of a sick child, please contact us at the number below.

No. of adults

x \$50

No. of students

x \$25

Yes! I would like to make a donation to research into leukodystrophies / Dr. Geneviève Bernard's lab. Income tax receipts will be issued for gifts of \$15 and more.

Gift amount:

GRAND TOTAL :

3. PAYMENT

Cheque (included) payable to: [Montreal Children's Hospital Foundation](#)

Credit card: **return this form by fax at 514 939-3551** (please do not send credit card information by email)
(Accepted cards: Visa Mastercard American Express)

Name of cardholder

Credit card no.

Expiry date:

Signature : _____

Please complete this form and return it to:

Montreal Children's Hospital Foundation
1420 - 3400 de Maisonneuve Blvd. West
Montreal, QC H3Z 3B8

To contact us:

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