

REGISTRATION FORM

EDUCATIONAL CONFERENCE ON LEUKODYSTROPHIES

June 16, 2018 - 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. REGISTRATION

CONFERENCE (Registration fees include snacks and lunch)

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

Adults: \$50

Students: \$25

NETWORKING DINNER Saturday, June 16 at 6 p.m.

(Five course meal, includes one free drink, music and entertainment)

Adults: \$75

Students: \$40

No. of adults x \$50

Nb. adults/dinner x \$75

No. of students x \$25

Nb. students/dinner x \$40

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 (conference, dinner and donation) :

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:

Dr. Geneviève Bernard, MCH: 514-412-4400 ext. 23380
Josée Della Rocca, MCHF: 514-934-4846 ext. 29228