



# REGISTRATION FORM

**Canadian Association of PNH Patients – Toronto Meeting  
Saturday, April 11, 2015  
Novotel Toronto, North York Hotel  
3 Park Home Avenue, North York, Toronto, ON M2N 6L3  
9 a.m. to 3 p.m.**

First Name:	Last Name:
Mailing Address:	
City:	Province:
Postal Code:	Phone No.:
E-mail Address:	
Yes, I may be contacted about future events or PNH news via: E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Both <input type="checkbox"/> Please do not contact me <input type="checkbox"/>	
Signature:	Date:

Will you be bringing a guest/guests? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guest name(s):
Will you require a travel subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be traveling by: <input type="checkbox"/> Car <input type="checkbox"/> Train
Will you require hotel accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Hotel accommodation will be provided for the night of Friday, April 10, 2015)	
Would you like the Canadian Association of PNH Patients to book your flights? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please ensure your bookings are made 15 days in advance)	
Do you have any allergies/dietary restrictions? (Breakfast and lunch will be provided at the meeting): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Will you be joining us for the welcome dinner on Friday, April 10, 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The event may be videotaped and/or photographed and used on the Canadian Association of PNH Patients' website/social media channels. I give my consent to be photographed for this purpose: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date:

**The deadline for registration is Friday, March 27, 2015.**

**Please send your completed registration form by fax to 1-866-803-6879  
or e-mail to [zilla@pnhca.org](mailto:zilla@pnhca.org).**