

# REGISTRATION FORM

## EDUCATIONAL CONFERENCE ON LEUKODYSTROPHIES

Please complete the form, scan it or print it and return it with your payment to:

The Montreal Children's Hospital Foundation  
c/o Josée Della Rocca  
3400 de Maisonneuve Blvd. West, Suite 1420, Montreal, QC H3Z 3B8  
Fax: 514-939-3551 T: 514-934-4846 ext 29228

If you are paying with a credit card, please return this form by mail or by fax.

### 1. IDENTIFICATION - Adult 1 (Guardian)

Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Cell phone \_\_\_\_\_  
Telephone (work) \_\_\_\_\_  
Email: \_\_\_\_\_

### 2. CONFERENCE REGISTRATION SATURDAY, JUNE 16

Adult : \$25  
Under 18 : free

Registration to the June 16th conference includes snacks, lunch, networking-dinner and parking at the MUHC. Value of \$150

No. of adults: \_\_\_\_\_ Under 18: \_\_\_\_\_

Registration  
**SUB-TOTAL 1**

(Sub-Total 1 = no. of adults x \$25)

### 3. REGISTRATION to the MULTIDISCIPLINARY CLINIC

June 13, 14, 15 and 17\*:

YES  
NO

\*Your clinic date and time will be confirmed by Dr. Geneviève Bernard at last two weeks before the conference/clinic

(Registration to the clinic: free - lunch and snacks included)

### 4. ACCOMODATION

Two nights: September 15 and 16.

Adult: \$50 per night  
Additional adult: \$25 per night  
Under 18: free

Double occupancy rooms are available in a hotel selected near the MUHC for families attending the conference and clinic. A discounted rate can be offered thanks to the event's sponsors. Value for 2 nights = \$300

Do you need to reserve a room? Yes \_\_\_\_\_ No \_\_\_\_\_ For how many adults? \_\_\_\_\_

Select the nights: Thursday, June 14 \_\_\_\_\_  
Friday, June 15 \_\_\_\_\_  
Saturday, June 16 \_\_\_\_\_

ACCOMODATION  
**SUB-TOTAL 2**

(Sub-total = Adult 1 x no. night \_\_\_\_\_ x \$50 + no. of additional adults \_\_\_\_\_ x no. of nights \_\_\_\_\_ x \$25)

## 5. Identification of the individuals accompanying the adult (section 1)

Participant 2 Age:

Participant 3 Age:

Participant 4 Age:

Participant 5 Age:

### Information about the hotel:

**Ruby Foo's Hotel:** 7655 Decarie Blvd., Montreal, QC H4P 2H2

Check-in time: 3 p.m. Check-out time: 1 p.m.

At your own expense: Breakfast, parking costs and other hotel fees (excluding the cost for your hotel room).

Cancellation: Accepted until June 1, 2018. No refund after this date.

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## 6. PAYMENT

**SUB-TOTAL 1**

**SUB-TOTAL 2**

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.*

**Amount of gift :**

**GRAND TOTAL**

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### Payment MODE:

Cheque (included) payable to: [The Montreal Children's Hospital Foundation](#)  
3400 de Maisonneuve Blvd. Ouest, Suite 1420  
Montréal (Québec) H3Z 3B8

Accepted credit cards: Visa \* Master Card \* American Express

Name of cardholder:

Credit card number

Expiry Date:

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**LOOKING FORWARD TO SEEING YOU SOON!**