

May 16 & 17, 2020

DoubleTree by Hilton Hotel & Conference Centre Regina • 1975 Broad Street, Regina, SK S4P 1Y2

Dear Caregiver:



Find below our registration form for the 2020 Caregiver Retreat. Registration forms are for caregivers providing care to a loved one with a neuromuscular disorder. Only one registration form is required for caregivers caring for the same individual. Please complete this form and return it no later than **Friday, May 1, 2020**. This information is being collected for the purposes of planning for the Ontario Caregiver Retreat, and will be used to make the appropriate arrangements for that event. Muscular Dystrophy Canada will not share or distribute your personal information for any other purposes, without your consent. If you have questions or to send completed registration forms:

SEND TO:

Muscular Dystrophy Canada

Attention: Danya Dziedzic

Phone: 1.800.567.2873 Ext 5401

Email: danya.dziedzic@muscle.ca

CLIENT INFORMATION

First Name:

Last Name:

Preferred Name (for nametag):

Street address:

City: Province: Postal Code:

Phone Number: Alternate Number:

Email Address:

EMERGENCY CONTACT:

Name (someone who is not travelling with you to the Retreat):

Home phone: Mobile phone:

Relationship to the emergency contact:

PERMISSIONS

I grant permission to Muscular Dystrophy Canada to photograph me during the Family Retreat and to use any photographs of me for Muscular Dystrophy Canada purposes, including education, awareness and marketing, in any media.

Yes

No

CAREGIVER INFORMATION

Primary Caregiver Name:

Caregiver Relation (parent, spouse, sibling, etc):

Type of NMD of loved one:

ADDITIONAL CAREGIVERS:

1. Name:

Caregiver Relation:

2. Name:

Caregiver Relation:

SPECIAL MEAL REQUIREMENTS

Vegetarian: # of people:

Life-threatening/serious allergies: # of people:

Other (specify): # of people:

SPECIAL REQUESTS OR ADDITIONAL INFORMATION (OPTIONAL)

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