

Registration Form: Healthcare Professional or Researcher



Register with Muscular Dystrophy Canada (MDC) to stay up to date on all MDC initiatives, news and opportunities to support the neuromuscular community. As a registered MDC client, you will; hear about research funding opportunities, have access to NMD-specific training and education, have opportunities to contribute to MDC led research, learn about opportunities for multi-disciplinary collaboration, have access to knowledge translation activities and much more. Thank you for joining the MDC family!

Name:

First name

Last name

Email: _____

Address:

Address 1

City

Country

Postal code

Primary Academic or Clinical Institute/Site: _____

Home phone: _____

Mobile phone: _____

Language preference: English Français

Position(s) Held Currently:

- I am a Researcher
 I am a Healthcare Professional
 Other:

Please indicate your Research or Clinical area of focus (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> All neuromuscular disorders | <input type="checkbox"/> Hereditary Motor & Sensory Neuropathies (including CMT, HSAN, GAN) | <input type="checkbox"/> Mitochondrial muscle disorders |
| <input type="checkbox"/> Congenital Muscular Dystrophies | <input type="checkbox"/> Hereditary Myopathies (Congenital, Distal, Metabolic and others) | <input type="checkbox"/> Motor neuron disorders (incl Spinal Muscular Atrophy) |
| <input type="checkbox"/> Duchenne/Becker Muscular Dystrophies | <input type="checkbox"/> Immune-mediated Myopathies | <input type="checkbox"/> Myotonic syndromes (including Myotonic Dystrophy) |
| <input type="checkbox"/> Emery-Dreifuss Muscular Dystrophy | <input type="checkbox"/> Immune-mediated Neuropathies | <input type="checkbox"/> Neuromuscular Junction Disorders |
| <input type="checkbox"/> Facioscapulohumeral muscular dystrophy | <input type="checkbox"/> Limb Girdle Muscular Dystrophies | <input type="checkbox"/> Oculopharyngeal muscular dystrophy |
| <input type="checkbox"/> Hereditary Ataxias | | <input type="checkbox"/> Other (please specify): |

If you conduct research, please specify all research areas of focus that apply.
(If you do not conduct research, please skip to the next question.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Biomarkers | <input type="checkbox"/> Genetic Diagnosis | <input type="checkbox"/> Protein Homeostasis |
| <input type="checkbox"/> Cardiac Involvement in Neuromuscular Disorders | <input type="checkbox"/> In vivo Models | <input type="checkbox"/> Quality of Life/Patient Preferences |
| <input type="checkbox"/> Cell-Based Modeling & Screening | <input type="checkbox"/> Inflammation, Immune Mechanisms | <input type="checkbox"/> Regeneration & Repair |
| <input type="checkbox"/> Cognitive and Behavioral Aspects of Neuromuscular Disorders | <input type="checkbox"/> Metabolic Disturbances in Neuromuscular Disorders | <input type="checkbox"/> Respiratory Involvement in Neuromuscular Disorders |
| <input type="checkbox"/> DNA & RNA Repeat Disorders | <input type="checkbox"/> Newborn Screening | <input type="checkbox"/> Technology in Healthcare |
| <input type="checkbox"/> Epidemiology and Natural History Studies | <input type="checkbox"/> Nuclear Membrane | <input type="checkbox"/> Tissue Bioengineering |
| <input type="checkbox"/> Gene targeting therapy including gene transfer, antisense oligonucleotides and gene editing | <input type="checkbox"/> Outcome Measures for Neuromuscular Diseases | <input type="checkbox"/> Other: |

If you are a Healthcare Professional, please indicate your specialization. Please select all that apply:

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Ergotherapist | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Respiriologist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Family Physician/
General Practitioner | <input type="checkbox"/> Nurse (RN) | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Chiroprapist | <input type="checkbox"/> Genetic Counsellor | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Psychiatrist/Psychologist/
Mental Health Nurse Practitioner | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Geneticist | <input type="checkbox"/> Occupational
Therapist | <input type="checkbox"/> Physiatrist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Maternal and
newborn health
practitioners | <input type="checkbox"/> Orthotics | <input type="checkbox"/> Physiotherapist (PT) | <input type="checkbox"/> Other: |

If you are a Healthcare Professional, please indicate if you specialize in:

- Adult Care
 Pediatric Care
 Both

Would you be interested in contributing your expertise to MDC initiatives i.e. written, oral presentations, webinars for the neuromuscular patient community, peer review for annual Neuromuscular Disorder Research Grant Program?

- Yes No

Muscular Dystrophy Canada (MDC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MDC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MDC provides or unless a Canadian law requires it. MDC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information. The full MDC Personal Information Protection (Privacy) Policy is available on the MDC website or by request.

For more information about our privacy policy or MDC, please call 1-800-567-2873 or visit www.muscle.ca.



Please submit completed form to:
 Muscular Dystrophy Canada,
 40 Eglinton Avenue East, Unit 500,
 Toronto, Ontario, M4P 3A2, CA
 or email to registration@muscle.ca