

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):

All neuromuscular disorders

Congenital Muscular Dystrophies

Duchenne/Becker Muscular Dystrophies

Emery-Dreifuss Muscular Dystrophy

Facioscapulohumeral muscular dystrophy

Hereditary Ataxias

Hereditary Motor & Sensory Neuropathies
(including CMT, HSAN, GAN)

Hereditary Myopathies (Congenital,
Distal, Metabolic and others)

Immune-mediated Myopathies

Immune-mediated Neuropathies

Limb Girdle Muscular Dystrophies

Mitochondrial muscle disorders

Motor neuron disorders (including
Spinal Muscular Atrophy)

Myotonic syndromes (including
Myotonic Dystrophy)

Neuromuscular Junction Disorders

Oculopharyngeal muscular dystrophy

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"/> Genetic Counsellor | <input type="checkbox"/> Orthotist | <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Respiriologist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Geneticist | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Psychiatrist/
Psychologist/
Mental Health
professional | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Personal
Support
worker | <input type="checkbox"/> Respiratory
Therapist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Nurse RN | <input type="checkbox"/> Physiatrist | | <input type="checkbox"/> Speech Language
Pathologist |
| <input type="checkbox"/> FamilyPhysician/
General Practitioner | <input type="checkbox"/> Nutritionist/Dietician | <input type="checkbox"/> Physiotherapist | | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Occupational
Therapist | | | | |
-

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:

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 Toronto, Ontario, M4P 3A2, CA
Email: registration@muscle.ca
Fax: 1 866 726-8732