

October 13-15, 2023

Crowne Plaza Fredericton • 659 Queen Street, Fredericton, NB E3B 1C3

Dear Caregiver:

Find below our registration form for the 2023 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, September 8th, 2023**. This information is being collected for the purposes of planning for the New Brunswick 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 form:

SEND TO:

Muscular Dystrophy Canada

Attention: RYANNE BELYEA

Phone: 1-800-567-2873 ext. 4201

Email: ryanne.belyea@muscle.ca



CLIENT

First Name: _____

Last Name: _____

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 Caregiver 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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