

Women's Health Day Registration Form

PLEASE PRINT

NAME (AS YOU WISH IT TO APPEAR ON BADGE):

ADDRESS:

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL:

COMMUNICATION REQUIREMENTS (E.G., BLISS, SIGN LANGUAGE, ETC.):

I WOULD LIKE TO ATTEND THE: **AFTERNOON SESSION** **EVENING SESSION**
(PLEASE CIRCLE ONE)

I AM _____ YEARS OLD. (IMPORTANT FOR DISCUSSION GROUP PLACEMENT AT EVENT)

I REQUIRE TRANSPORTATION TO THE WOMEN'S HEALTH DAY. **YES** **NO**
(PLEASE CIRCLE ONE)

THE ADDRESS I WILL BE PICKED UP AT: _____.

I WILL REQUIRE DAYCARE FOR _____ (# OF CHILDREN), AGED _____.

REGISTRATION BY MARCH 24, 2006 IS REQUIRED

(E)Mail/Fax Completed Registration Forms To:

Community Health & Wellness Fort Erie

Municipal Centre

1 Municipal Centre Drive

Fort Erie, ON

L2A 2S6

Fax: 905-871-1577

info@communityhealth.forterie.ca