



## Vancouver Patient Education Day - 2017 REGISTRATION FORM

Please submit registration form to: [info@aamac.ca](mailto:info@aamac.ca)

This meeting is free. Patients, caregivers and healthcare professionals are welcome to attend.

Being held at:

**Sheraton Vancouver Airport Hotel**, 7551 Westminster Hwy, Richmond, BC 1-800-663-0299  
*Special rates available. Please book your room before August 15, 2017 to receive special group rate.*

*Information obtained on this form will be kept confidential and will not be shared with any other organization.  
Health information is used for statistical purposes and to assist AAMAC better serve the needs of patients.*

### REGISTRATION INFORMATION

Last name:

First Name:

Address:

Email Address:

Home phone #:

Cell phone #:

I am a (please circle):

Patient

Family/ Friend

Healthcare Professional

Name of Organization:

Disease Type  
(please circle):

AA

MDS

PNH

Other (specify):

Date of Diagnosis:

We encourage sharing and networking at the meeting and can specify your disease type on your name tag to facilitate networking.

Please indicate if you would like your disease type on your name tag:

Yes  No

How did you hear about the meeting? (please circle)

Family/Friend

Healthcare Professional

Newsletter

Website

Other (specify):

**THERE ARE A LIMITED NUMBER OF TRAVEL SPONSORSHIPS AVAILABLE - MAXIMUM OF \$500 PER FAMILY.**

**IF YOU REQUIRE FINANCIAL ASSISTANCE, PLEASE INDICATE BELOW**

Travel Sponsorship Requested:

Yes  No

Once travel sponsorship is approved, you will be provided with an expense form to be completed after Patient Education Day. Original receipts will be required.  
Expenses must be related to travel: meals (excluding alcohol), gas, mileage and hotel accommodations.

I would like to be added to the mailing list to receive updates, newsletters and other information

Yes  No

Preferred Method of Communication (please circle):

Paper Mail

Email

Breakfast, lunch and snacks will be provided. Do you have special dietary needs and/or food allergies?

If so, please indicate: \_\_\_\_\_

Yes  No

We look forward to seeing you on Patient Education Day!