

Take C.H.A.R.G.E. Alumni Education Series

MEMBER REGISTRATION FORM for Winter/Spring 2015

Heart Health for Life Team Phone (416) 597-3422 ext. 5271 Email hearthealthforlife@uhn.ca

(Please print clearly)

Section A: NAME & CONSENT

Full Name of Grad:	
Full Name of Guest(s)	
Are you a returning member of Take C.H.A.R.G.E.?	<input type="checkbox"/> Yes, and my contact details are the same (skip to Section C) <input type="checkbox"/> Yes, but my contact details have changed (proceed to Section B) <input type="checkbox"/> No, I am a new member (proceed to Section B)

Section B: CONTACT INFORMATION

Mailing address:	
Telephone no.(s):	
Email address:	

Section C: CONSENT FORM

In order to register to the Take C.H.A.R.G.E. Education Series, each Graduate and every Guest must complete & sign the mandatory University Health Network consent form. For more details, please see the UHN Video consent form.

Section D: PERMISSION TO CONTACT & PAYMENT

Can we contact you about upcoming events, other alumni programs and future research opportunities during the current and future series?	<input type="checkbox"/> Yes, I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> No, please do not contact me
Payment method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque payable to: TRI/UHN Take C.H.A.R.G.E.
Signature of Grad: Today's Date:	

Please enclose your **\$30.00 registration fee** and DROP OFF at Toronto Rehab's Rumsey Centre reception desk or at the next Take C.H.A.R.G.E. lecture.

