

LIVE 2018 will take place April 16-18, 2018 at:
 Hilton Niagara Falls, Fallsview Hotel and Suites
 5631 Fallsview Blvd. Niagara Falls ON

Please fill in the following registration form. Each volunteer planning to attend must complete an **individual** application form (all volunteers and accompanying caregiver must **each** fill out a **separate** form).

NOTE: DEADLINE FOR APPLICATIONS IS February 15, 2018

Section A: Participant Contact Information		
First Name:	Last Name:	
Address:	City:	Postal Code:
Telephone #:	Email Address:	
Date of Birth (M/D/Y):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact Name:	Contact Person's Phone #:	

I am a :

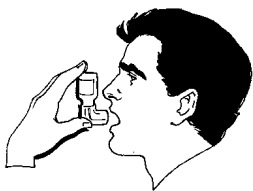
A member of a Stroke Recovery Canada Association

Name of Group:

Your position within the group:

Section B: Health Information (Information is confidential. See Section E)

For any additional information we may need, please attach an additional sheet.



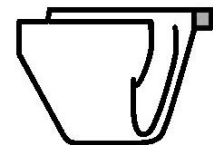
asthma







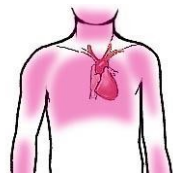






seizures



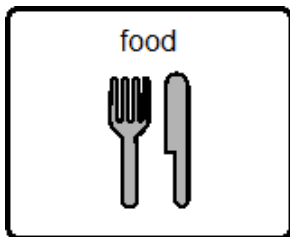
breathing problems



incontinence

 <p><input type="checkbox"/> difficulty swallowing</p>	 <p><input type="checkbox"/> difficulty with digestion</p>	 <p>Diabetes</p> <p><input type="checkbox"/> Type One</p> <p><input type="checkbox"/> Type Two</p>	 <p>Blood Pressure</p> <p><input type="checkbox"/> High <input type="checkbox"/> Low</p>
 <p><input type="checkbox"/> angina</p> <p><input type="checkbox"/> heart attack</p>	 <p><input type="checkbox"/> heart disease</p>	 <p><input type="checkbox"/> difficulty seeing</p> <p><input type="checkbox"/> wear glasses</p>	 <p><input type="checkbox"/> chronic pain/arthritis</p>
 <p><input type="checkbox"/> other joint concerns</p>	 <p><input type="checkbox"/> back pain</p>	 <p><input type="checkbox"/> difficulty hearing</p> <p><input type="checkbox"/> wear hearing aid</p>	

Special Diet: YES NO



Please Specify:

- Diabetic
- Pureed
- Thickened Liquids
- Vegetarian
- Chopped
- Soft

Other: _____

Section C: Activities of Daily Living and Communication

NOTE: Care attendants will be available for assistance. Participants must be able to self-direct their own medication and care to March of Dimes Canada staff.

Will you require Attendant Services during the conference? Please attach a care plan so that we can ensure we have enough attendants to meet everyone's needs in a timely basis.

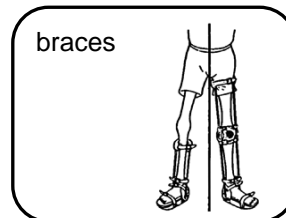
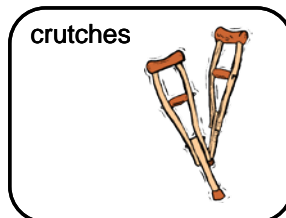
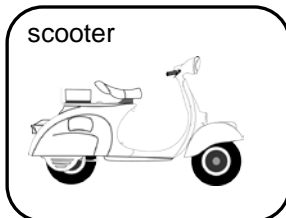
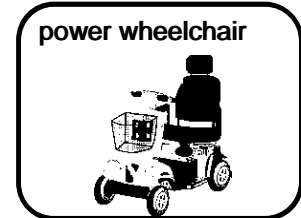
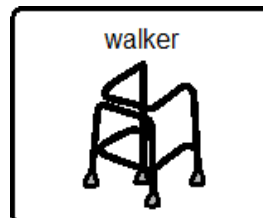
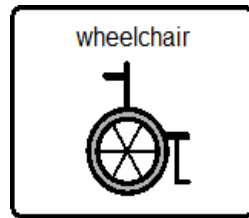
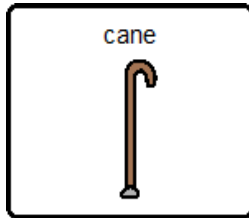
YES NO

All requests for attendant services must be received by Thursday, February 15, 2018. If we receive your request after this date we cannot guarantee that we will be able to accommodate your request.

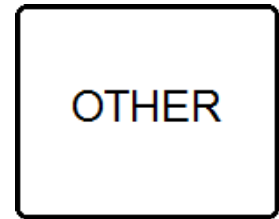
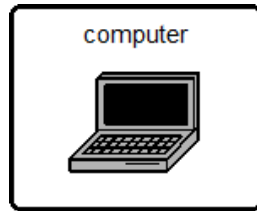
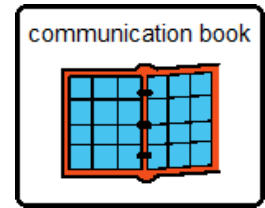
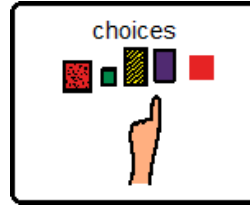
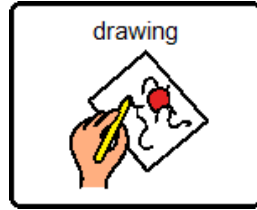
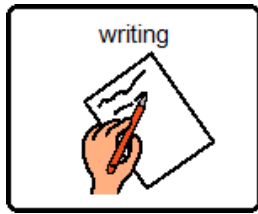
I require help with: PLEASE CIRCLE



Please indicate if you use any of the following assistant devices: PLEASE CIRCLE



What helps you communicate? PLEASE CIRCLE
Skip this section if you have no problem with communicating.



NOTE: If you use a book or device, please bring to the conference.

Section D: Conference Fee

The fee covers the cost of room, meals, program activities, and attendant services. Your payment will be returned if we are not able to accept you. Program fees are not eligible for tax receipts; however, a tax receipt will be issued for donations \$10 or more over and above the program fee amount. ***Transportation is not provided and participants or groups are responsible for their own travel arrangements.***

Full cost of room, meals, program activities and attendant services:

Shared Room Accommodation (two double-size bed or one queen-size bed)

\$500 / per person

Two double beds

One queen bed

Name of Preferred Roommate:

_____ *(If you do not name a roommate you will be assigned one.)*

Single Room Accommodation (1 Queen size bed)

\$ 750 / per person

(If you choose not to share your bedroom.)

Total Enclosed

\$

METHOD OF PAYMENT

Please enclose payment information or cheques with this application. Application will not be processed until payment is received.



Cheque enclosed – Made payable to March of Dimes Canada

Cheque #: _____



Credit Card

Visa MasterCard American Express

Credit Card payment is desired. If you are paying by credit card please contact Elaine Dalziel at 1-800-263-3463 ext. 7203 to arrange payment. Please **DO NOT** include your credit card information with your registration or email the information.

Cancellation Policy

Cancellation must be received in writing (via email to conferences@marchofdimes.ca) by **Monday March 5, 2018**. After this date no refunds will be issued. Cancellation fees: Shared Accomodation: \$500, Single Accomodation: \$750. In extenuating circumstances, event registrations can be transferred to another delegate.

Section E: Privacy Statement

March of Dimes Canada is committed to handling any personal information that we may collect concerning you and your caregiver in a professional, respectful, and lawful manner. March of Dimes Canada collects uses and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your caregiver is used for the purposes of:

- i) administrating the Stroke Recovery Canada program, including processing your application
- ii) contacting you about the status of your application
- iii) obtaining feedback about March of Dimes Canada services you receive
- iv) providing information about March of Dimes Canada to you and others
- v) complying with the laws and regulations that require the collection, use and disclosure of personal information with the Stroke Recovery Canada program.

The personal information collected about you and your caregiver includes information supplied by you in your application and any additional information which we may collect from you in the future.

Section D: Declaration and Signature

In consideration of March of Dimes Canada assisting _____ to obtain the use of facilities and instruction in order to conduct a programme of activity, I/we hereby release and hold harmless March of Dimes Canada, the owners and/or operators of the facilities and providers of instruction, the agents and employees of any of these, from all liability and claims for injuries and accidents to the undersigned, as well loss from any cause of his/her personal property that may occur while participating in or observing in the said programme activity.

Participant Name (*please print*):

Signature:

Please return this registration form and payment by Thursday February 15, 2018

March of Dimes Canada

Community Engagement and Re-Integration Services

Elaine Dalziel

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Toronto, ON M4H 1A4

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Fax: 416-425-1920

Email: conferences@marchofdimes.ca