

Registration Form and Contact Information Update



Please save this document before filling it out.
Once filled out, save it again.

REGISTRATION AND CONTACT INFORMATION UPDATE			
FIRST NAME	FAMILY NAME		
TELEPHONE	EMAIL		
ADDRESS (city/province)			POSTAL CODE
Is this your first contact with Scleroderma Quebec? <input type="checkbox"/> YES <input type="checkbox"/> NO			
I AM A PERSON:	<input type="checkbox"/> With scleroderma	<input type="checkbox"/> Waiting for diagnosis	<input type="checkbox"/> Requesting information
PARTICIPATION IN A SUPPORT GROUP	<input type="checkbox"/> In person	<input type="checkbox"/> on Zoom	<input type="checkbox"/> In person and on Zoom
PLEASE CHECK OFF YOUR AVAILABILITIES FOR MEETINGS		I WISH TO PARTICIPATE IN A GROUP :	
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> For men <input type="checkbox"/> For youth (14-35) <input type="checkbox"/> For localized scleroderma <input type="checkbox"/> In English
I WOULD LIKE TO RECEIVE			
<input type="checkbox"/> Information about Forums (Zoom conferences) & In-person conferences			
<input type="checkbox"/> Pamphlets kit, by mail		<input type="checkbox"/> Newsletters (informational emails)	
<input type="checkbox"/> Magazine Le Bulletin by mail (in FRENCH only)		<input type="checkbox"/> Magazine The Bulletin by email (in ENGLISH)	
<input type="checkbox"/> I authorize Scleroderma Quebec and its representatives to communicate with me by email			

I WOULD LIKE SCLERODERMA QUEBEC TO MAIL A COPY OF MAGAZINE LE BULLETIN TO MY HEALTH PROFESSIONAL		
FIRST NAME	FAMILY NAME	
TELEPHONE	EXTENSION	E-MAIL
TITLE	SPECIALITY	
INSTITUTION		
ADDRESS (incl. city, province)		POSTAL CODE
ADDITIONAL INFORMATION ABOUT THE ADDRESS		

Consent to the use of personal information: We understand that you accept that we communicate with you for the purposes of solicitation, invitation and information unless you advise us otherwise. You may consult our confidentiality protocols published on the homepage of our site at www.sclerodermie.ca.

Please return this form by email by clicking on this icon to info@sclerodermie.ca or by mail to:

Scleroderma Quebec
40-550 chemin Chambly Longueuil QC J4H 3L8

