

Registration Form and Contact Information Update



Please download this document on your computer before completing it.
Once completed, save it again and click on the icon



For help completing this form call 1-844-990-6789.

REGISTRATION AND CONTACT INFORMATION UPDATE

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

110 De La Barre Street, Suite 210, Longueuil, QC J4K 1A3



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