



REGISTRATION FORM

Film Making Workshop

For patients in the Cleft Lip & Palate and Craniofacial Programs

Saturday May 13, 2017 | 9-4pm

Please send in the completed form as soon possible. Registration is limited.

Yes! I would like to register for the Film Making Workshop – TOTAL COST - \$20.00

PARTICIPANT INFORMATION

First Name: _____ **Last Name:** _____

DOB: _____ **Diagnosis:** _____
YYYY/MM/DD

Address: _____

City: _____ **Postal Code:** _____

Primary Phone #: _____ **Alternate Phone #:** _____

Primary Contact Information: _____
Name, Relationship, Phone #

Any allergies? No Yes *If yes, please List:* _____

Do you want to be contacted by a Mentor before attending the workshop? (Mentors are graduates of the Cleft Lip & Palate and Craniofacial Programs who will be volunteering during the workshop)

Yes! This is my first year attending the workshop and I'm interested in being connected with a mentor.

I consent to being contacted by email. *Please provide them with the following email address so that we can communicate with each other:* _____

PAYMENT INFORMATION

Cost of workshop (including pizza lunch and snacks) - \$20.00/person

PLEASE ENCLOSE CASH or CHEQUE PAYABLE TO:

“The Hospital for Sick Children, THE CRANIOFACIAL PROGRAM”

PLEASE SUBMIT THIS COMPLETED REGISTRATION FORM AND PAYMENT TO:

The Hospital for Sick Children
c/o Farah Sheikh
555 University Avenue, Room 5422
Toronto, ON M5G 1X8

SickKids

movieWITZ
PRODUCTIONS INC.

Holland Bloorview
Kids Rehabilitation Hospital