



Registration Form

Purple Day for Epilepsy

March 26th, 2011

I am interested in helping to support Purple Day for Epilepsy

I would like to register my school	<input type="checkbox"/>
I would like to register my business	<input type="checkbox"/>
Please provide me with promotional materials about Epilepsy	<input type="checkbox"/>
My Team is happy to set up and host a display centre for the month of March	<input type="checkbox"/>
My Team is happy to raise funds to support	<input type="checkbox"/>

Contact Name: _____

Company Name: _____

Number of Employees: _____

Address: _____

City: _____ Postal code: _____

Telephone : _____

Alternative Telephone: _____

Email Address: _____

Please Fax to : Epilepsy Durham Region (905) 571 0995

850 King Street West, Unit 20, Oshawa, ON L1J 8N5

www.epilepsydurham.com