



Registration Form

Purple Day for Epilepsy

March 26th, 2010

I am interested in helping with the following: (please check as many as you like)

I would like to register my school	<input type="checkbox"/>
I would like to register my company	<input type="checkbox"/>
I would like to join the Dream Inspired Cocktail Reception Art Auction Planning Committee	<input type="checkbox"/>
I would like to help with Purple Pancake Day	<input type="checkbox"/>
I can help anytime on March 26th	<input type="checkbox"/>

Contact Name: _____

School/Company Name: _____

Number of Staff/Employees: _____ Number of Students: _____

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