

Canadian Immunodeficiencies Patient Organization
362 Concession 12 East, Hastings, Ontario KOL 1Y0
1-877-262-CIPO Fax 1-866-942-7651,
Web site <http://www.cipo.ca>

Toronto/Dinner Meeting Registration
Wednesday, November 2, 2011

Name:	<input type="text"/>
Name (2nd attendee):	<input type="text"/>
Number of children attending	<input type="text"/>
Mailing Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Day contact phone number:	<input type="text"/>
Evening contact phone number:	<input type="text"/>
Email address (if available):	<input type="text"/>
	<input type="text"/>
Total number of people attending (Enter number i.e. 2):	<input type="text"/>
	<input type="text"/>
I have special dietary needs (details)	<input type="text"/>
	<input type="text"/>
Type of primary immune deficiency you are most interested in.	<input type="text"/>
	<input type="text"/>
Please specify whether you are a patient/industry/doctor/nurse/technician	<input type="text"/>

***Please forward CIPO your registrations by mail to address above, or
Email to: info@cipo.ca, or Fax to 1-866-942-7651
For late registration, please call 1-877-262-2476**

REGISTRATION DEADLINE September 30 , 2011