

**Inflammatory Arthritis
Education Days**

Registration Form

Name: _____

Address: _____

Phone: H: _____

W: _____

Date of Birth: _____

Family Doctor: _____

Date you would like to
attend (call for times): _____

- **Important!**
**Please bring your health card
to this session!**

Please send, or drop off, this registration
form & \$10 payment (payable to
Rheumatology Day Programs) to:

Beryl & Richard Ivey Rheumatology Day Programs St. Joseph's Health Care London 268 Grosvenor Street London, ON N6A 4V2
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