



**First International Research Workshop on Frontotemporal Dementia in ALS  
 Sunday May 15 - Tuesday May 17, 2005  
 Best Western Lamplighter Inn, 591 Wellington Road, London, Ontario CANADA**

REGISTRATION

Please complete a workshop registration form for each participant. Registration is limited and must be received by **March 15, 2005** with full payment to guarantee placement.

WORKSHOP REGISTRATION: (\$275.00 Cnd) Includes symposium session, handouts, shuttle to and from the London airport to the conference site, meals and refreshments during the symposium.

Name: (PRINT PLEASE) \_\_\_\_\_

Address: \_\_\_\_\_ City/Country/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Special Requirements: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

ACCOMMODATION REGISTRATION: (Room Rate: \$110 + tax /night-includes onsite room, pool facilities)

Name: (PLEASE PRINT): \_\_\_\_\_

Arrival Date & Time: \_\_\_\_\_ Departure Date & Time: \_\_\_\_\_

Special Requirements: \_\_\_\_\_ Credit Card information will be provided to the hotel to confirm your reservation. You will be billed directly by the Best Western Lamplighter Inn)

STRATFORD THEATRE/DINNER EVENING: Tuesday May 17, 2005 (\$175 Cnd/person-includes transportation, theatre entrance and fine dining) *Note: Limited availability, Register early*

Name: \_\_\_\_\_ **Guest:** \_\_\_\_\_  
 (If you are bringing a guest who is not registered for the workshop, please note name here)

Special Requirements: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Credit Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Visa/MasterCard (Please circle one) Name on Card: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ **TOTAL to credit card: \$ \_\_\_\_\_**

We regret we are unable to guarantee your registration or hotel reservations without a complete registration. Please complete accommodations registration to reserve your room for the conference. Personal incidentals will be charged to you. Cancellations prior to April 15<sup>th</sup>, 2005 will be refunded in full, after this date there will be a \$200 cancellation fee. Confirmation will be sent to you via email.

Cheque or Money Order should be made payable to "LHSC Research Inc." co/ registrar: Ms. Rita Casciano  
 London Health Sciences Centre, University Campus, 339 Windermere Road, London, ON Canada  
 N6A 5A5, Telephone: (519) 663-3874, Fax: (519) 663-3609 [rita.casciano@lhsc.on.ca](mailto:rita.casciano@lhsc.on.ca)