



# *Scleroderma Educational Day*

## *Registration*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Registration: \$20.00

Mail your registration to Marion Pacy, 22 Silverdale  
Crescent, Winnipeg MB R2N 1B1

Diet Restrictions: \_\_\_\_\_