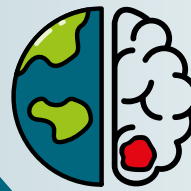




ACOUSTIC NEUROMA ASSOCIATION CANADA

# SYMPOSIUM

2024 • TORONTO



PRESENTED BY  
**UHN** Krembil  
Brain Institute



**05**  
**OCT**  
8AM - 5PM

## THE WORLD OF ACOUSTIC NEUROMA

# Registration Form

**SPACES ARE LIMITED!**

Registration closes on **September 20th** or earlier if spaces are filled

**ANAC Members save \$55 on the price of admission**

DATE OF REGISTRATION

/   /    
yyyy mm dd

## PURCHASES

(choose your items)



x1

**In-Person Admission**  
One Person

\$150.00



x1

**Virtual Admission**  
One Person

\$105.00



x2

**In-Person Admission Bundle**  
Two People

\$270.00



x2

**Virtual Admission Bundle**  
Two People

\$190.00



**ANAC Membership Discount**

-\$ 55.00

**TOTAL** \$

## PAYMENT INFORMATION

I have enclosed a cheque made payable to *Acoustic Neuroma Association of Canada*

Please charge my credit card in the total amount of

\$

CARD NUMBER

NAME ON CARD

EXPIRY MM/YY

CVC/CVV

## RETURN COMPLETED FORM TO:

P.O. Box PMB 1005 B-7 Pleasant Blvd Toronto, ON M4T 1K2

[director@anac.ca](mailto:director@anac.ca)

QUESTIONS? 416-546-6426

Prefer to register online?

Scan the QR code or visit:  
[www.anac-givecloud.ca/  
2024Symposium](http://www.anac-givecloud.ca/2024Symposium)





## THE WORLD OF ACOUSTIC NEUROMA



05  
**OCT**  
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### REGISTRANT INFORMATION

**Ticket Holder #1:**    
 First Name Last Name  
  
 Email (required for virtual ticket)

**How Do You Identify Yourself?** Please select the option that best describes your relationship with those impacted by an acoustic neuroma:

- Diagnosed: pre or post treatment? (*circle*)
  Friend
  Student  
 Caregiver
  Researcher
  Advocate  
 Family Member
  Medical Professional
  Other

**Dietary Requirements?** Please let us know if you have any dietary requirements and our caterers will do their best to accommodate:

**Event Photo & Video Release\*\* Opt-Out Option**  
 I do not agree to the photo and video release and prefer not to be photographed or videotaped

**Ticket Holder #2:**    
 (if applicable) First Name Last Name  
  
 Email (required for virtual ticket)

**How Do You Identify Yourself?** Please select the option that best describes your relationship with those impacted by an acoustic neuroma:

- Diagnosed: pre or post treatment? (*circle*)
  Friend
  Student  
 Caregiver
  Researcher
  Advocate  
 Family Member
  Medical Professional
  Other

**Dietary Requirements?** Please let us know if you have any dietary requirements and our caterers will do their best to accommodate:

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 I do not agree to the photo and video release and prefer not to be photographed or videotaped

### \*\*Event Photo and Video Release

We may take photographs and videos during the event for promotional purposes, including on social media, our website, and other marketing materials. By participating in the event, you agree to grant Acoustic Neuroma Association of Canada (ANAC) permission to use your likeness in photographs and videos for these purposes. The virtual session will be recorded and made available to all event registrants.

If you do not wish to be photographed or videotaped, please select the "Opt-out Option". For in-person attendees, we will indicate your preference on your name badge. For virtual attendees, we will notify the Zoom moderator and will ask that you turn your camera off while in session.