



**Hôpitaux Shriners**  
pour enfants®  
**Shriners Hospitals**  
for Children®

Pediatric Specialty Care  
Orthopaedics



**Canada**

## DEDICATION CEREMONY

### REGISTRATION FORM

Please fill in all of the fields - **One registration form per couple. Tickets and additional information will be sent to you via email unless unavailable, in which case we will send by mail.**

I / we will attend the Dedication Ceremony on August 20th, 2015 at 1:30 pm

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Temple: \_\_\_\_\_ Title: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_ Spouse last name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Office / Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ (mandatory)

### TRANSPORT FOR THE CEREMONY

**NOTE:** For Temples coming by bus, special parking will be provided. For those flying in, we will provide shuttle service from your hotel (you must register). For those driving in, there will be mandatory valet service for your vehicle.

I / we will arrive by bus with my Temple

I / we will arrive by car and need valet parking

I / we will need shuttle service from my hotel (Number of seats needed on bus: \_\_\_\_\_)

Please indicate hotel:  Château Versailles  Marriott Résidence Inn Westmount  Hotel10  
 Sheraton  La Tour Belvédère  Travelodge  
 Le Méridien  Other, please specify \_\_\_\_\_

### TOURS

I / we wish to register for the **Tour of Montreal on Wednesday, August 19<sup>th</sup> from 10am to noon.** I understand that I will be charged \$30 per person upon embarking on the bus. **(Tickets needed \_\_\_)**

I / we wish to register for the **Current site (1529 Cedar Avenue) visit, August 19<sup>th</sup> from 2pm to 4pm.** I understand that I am responsible for my own transport to the current site.

I / we would prefer to visit the **New Hospital (Decarie) on August 20<sup>th</sup> following the Dedication Ceremony.** I understand that tours will depart at 10 minute intervals following the Dedication Ceremony until 5 pm.

I / we would prefer to visit the **New Hospital (Decarie) on August 21<sup>st</sup>.** I understand that I am responsible for my own transport to the new site on this day. We will issue a confirmation of the tour.

### TAILGATE

I / we wish to attend the Tailgate party at Karnak Temple. I understand that Karnak will communicate with me for payment of \$30 per person for the meal.

I / we will need at total of \_\_\_\_\_ tickets for the tailgate party

I / we will need return shuttle service from the ceremony for the tailgate party (return to hotel). Last shuttle will be at 9pm.

▪ We will need a total of \_\_\_\_\_ seats on the shuttle bus

**PLEASE return by fax: 514-282-6984 or by email : moncommunications@shrinenet.org**

**INFO OR QUESTIONS: 514-282-8544 or moncommunications@shrinenet.org**