

# SJÖGREN'S SYNDROME

## Navigating an Immune System Gone Wild

### 2017 CROSS-CANADA WEBINAR

Saturday, October 21, 2017

#### Schedule:

12:00 p.m. – 12:10 p.m.	<i>Introduction – Lee Durdon</i>
12:10 p.m. – 12:35 p.m.	<i>Arthur A. M. Bookman, MD FRCPC, Rheumatologist</i>
12:35 p.m. – 12:40 p.m.	<i>Follow-up Questions</i>
12:40 p.m. – 1:05 p.m.	<i>Rookaya Mather, MD, FRCSC, Ophthalmologist, Cornea and External Disease</i>
1:05 p.m. – 1:10 p.m.	<i>Follow-up Questions</i>
1:10 p.m. – 1:20 p.m.	<b>BREAK</b>
1:20 p.m. – 1:45 p.m.	<i>Cindy L. Marek, PharmD, FACA, Dentist-Pharmacist</i>
1:45 p.m. – 1:50 p.m.	<i>Follow-up Questions</i>
1:50 p.m. – 2:15 p.m.	<i>Melinda Szilva, TS, CCC, RP, Registered Psychotherapist</i>
2:15 p.m. – 2:20 p.m.	<i>Follow-up Questions</i>
2:20 p.m. – 2:50 p.m.	<b>FULL PANEL QUESTIONS</b>
2:50 p.m. – 3:00 p.m.	<i>Closing Remarks – Lee Durdon</i>

### WEBINAR REGISTRATION FORM – DUE ON OR BEFORE OCTOBER 19, 2017

#### 1. ATTENDEE – complete one registration form for each email address

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

#### 2. FEES - Please select one

**SJSC MEMBERS (Non-professionals ONLY)**

\_\_\_\_\_ **SjSC Member** - \$25 per person

**NON-MEMBERS (Non-professionals ONLY)**

\_\_\_\_\_ **Non-SjSC Member** - \$50 per person (Includes 1 year membership)

**DONATION (Donations of \$15 or more are tax deductible)**

\$ \_\_\_\_\_

**TOTAL FEES** \$ \_\_\_\_\_

#### 3. PAYMENT METHOD

MAIL: Cheque payable to Sjögren's Society of Canada with completed form to:  
304-31 Mechanic Street, Paris, ON N3L 1K1

FAX CREDIT CARD Payments and completed form to 1-519-302-0471 or

EMAIL: scanned completed and signed copy to [info@sjogrenscanada.org](mailto:info@sjogrenscanada.org) - In subject line indicate "Registration Form"

A. \_\_\_\_\_ Cheque or money order

B. Credit Card Payment \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD Expiry Date \_\_\_\_/\_\_\_\_ (Month/Year)

Card # \_\_\_\_\_ Exact Name on card: \_\_\_\_\_  
(Please print clearly)

Signature \_\_\_\_\_ Date \_\_\_\_\_

➤ Refund requests must be in writing. Written requests received prior to October 1, 2017 will receive a 50% refund. After that time, no refunds can be made.

**FOR MORE INFORMATION, CONTACT THE SJÖGREN'S SOCIETY OF CANADA**  
Phone: 1-888-558-0950 or 1-519-302-0051 or visit [www.sjogrenscanada.org](http://www.sjogrenscanada.org)

