

Submission of Patient Evidence Patient Advocacy Groups – Registration Form

Please send completed Registration Form and/or any additional relevant information to the Ontario Public Drug Programs, Patient Evidence Submission, 5700 Yonge Street, 3rd Floor, Toronto ON M2M 4K5, fax to 416 327-8123 or email to PatientSubmission.OPDP@ontario.ca.

Section I

Name of Organization

Office Address

Unit No.	Street No.	Street Name	PO Box
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City/Town	Province	Postal Code
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Telephone No. (incl. area code)	Extension	Fax No. (incl. area code)
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Organization Web Site

Primary Contact Person

Last Name	First Name	Middle Name
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Secondary Contact Person (if applicable)

Last Name	First Name	Middle Name
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Section II

Organization Represents Patients Caregivers Other (Specify)

Membership Numbers | Primary Method of Contacting Members
 Phone Mail E-Mail Other (Specify)

Mission Statement or Purpose of Organization

Section III

Non-Profit Registered Charitable Organization

Financial support or grants from government?
 No Yes

Potential conflicts of interest - financial support or grants from pharmaceutical manufacturers?
 No Yes (Specify Name of Pharmaceutical Manufacturer(s))