Registration is FREE but space is limited to the first 12 participants!		
1. Location and	Date: YMCA Immigrant Centre, 65 Main Avenue 3:30 – 5:30 p.m. Friday, September 16 th , 2011	
2. Please indica session:	te (✓) your primary reason for wanting to attend this o	rientation
I want my	y current walking group/club to become affiliated with Walka	about 🗆
I wish to start a new walking group/club in my community I wish to start a walking group at my work		
	ease specify):	
3. Please indica	te (\checkmark) your experience with community walking groups	:
Experien	ce as a group leader	-
	ce as a group member only	
	ience with community walking groups	
1 Diagon indiag	to (A) if you have:	
	te (✓) if you have: onto <u>www.walkaboutns.ca</u> □	
Created	a user account on www.walkaboutns.ca	
	a group on <u>www.walkaboutns.ca</u>	
orcaleur		
Name:	Phone:	
Email:	Profession:	
	Registration deadline: Wednesday, Sept. 14 th noor	
	Return your form by e-mail to cdroesbeck@heartandstroke.ns.ca Questions? Contact Catherine at 423-7530 X3347 Fax to 902-492-1464	l
	undation of Nova Scotia respects your privacy. We protect your personal informat	
provide services and to k	with respect to privacy. We do not rent, sell or trade our mailing lists. We use your eep you informed and up to date on activities of the Heart and Stroke Foundation	, including programs,
nd Stroke Foundation. If	funding needs, opportunities to volunteer or to give and more through periodic co f, at any time, you wish to be removed from any of these contacts please contact	
Development Coordinato	r at 1-800-423-4432 or email contactus@heartandstroke.ns.ca.	Heart&S