



The Irish Society for Mucopolysaccharide Diseases

Registered Charity No 20034672

web: www.mpsociety.ie

e-mail: irishmpssociety@gmail.com



REGISTRATION FORM

NAME: _____

SYNDROME: _____

BONE MARROW TRANSPLANT: YES/NO DATE _____

DATE OF BIRTH: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

TEL.NO: _____

MOBILE NO. _____

EMAIL _____

SIBLINGS (MPS)
NAME/DATE OF BIRTH _____

EUROPEAN DATABASE: I give permission for myself/my child to be included in the database, which is being compiled to ascertain how many are suffering/have suffered from a Mucopolysaccharide Disease **Yes** _____ **No** _____

I permit photographs taken at any event to be used in an MPS publication **Yes** _____ **No** _____

As we wish to compile comprehensive records we would be obliged if you could complete this form in full and return to; **Mary Elliott, Grangegeeth, Slane, Co. Meath.**

Annual Subscription: €10.00

Donation: € _____

Signature: _____

Date: _____