



The Heart Failure  
Support Group of Manitoba

**Registration Card**

Name: \_\_\_\_\_

Check one:     Patient         Family/caregiver

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel. #: (Home) \_\_\_\_\_  
(Alternate #) \_\_\_\_\_

Email address: \_\_\_\_\_

What would I expect to gain from joining this group?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Topics I would like to learn or hear about:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return registration card to:

**The Heart Failure Support Group of Manitoba**  
c/o Heart Failure Clinic  
Y3 – 409 Tache Avenue  
Winnipeg, MB R2H 2A6



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