



Alarms to Save Lives  
“I See U – I Hear U”  
**REGISTRATION FORM**

**SPONSORSHIP LEVEL:** \_\_\_\_\_

Name: \_\_\_\_\_ Handicap: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Handicap: \_\_\_\_\_  
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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Payment Information**

1. Cheque enclosed for \$ \_\_\_\_\_ (payable to CICF-Calgary Chapter)
2. Credit card (Visa or Mastercard only):

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt Required? Yes No (circle one) Corporation or Personal (circle one)  
Name on Receipt: \_\_\_\_\_

Please return completed forms/cheques to:  
Canadian Intensive Care Foundation – Calgary Chapter  
PO Box 56045, Airways RPO, Calgary, AB T2E 7C0  
Fax: 403-261-6818 Phone: 403-262-2177

Email: [Adrienne@cicf.ca](mailto:Adrienne@cicf.ca)