

NIMDAC FOUNDATION

ESTABLISHED 2008



RESPONSE FORM

**Please note that while there is no cost for this event,
attendance is limited to those aged 18 and over.**

Name: _____

Address: _____

_____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Though there is no cost for attending, those wishing to make donations may use the space below, noting that tax receipts will be issued as per legal authorization.

Payment Methods: (CRA # 82001 3753 RR 0001)

Donation amount: \$_____

Cheque: Payable to: NIMDAC Foundation
Post to: Dr. Asha Seth,
2425 Bloor Street West, Suite 412, Toronto, ON, M6S 4W4

Credit Card: Card Number: _____

(VISA only) Name on card _____

Expiry date: _____

Signature: _____

Date: _____

For more information please contact:

Dr. Asha Seth: 416-524-5747 Fax: 416-767-1118 email: sethasha@aol.com

Executive Directors: President: Dr. Asha Seth
Vice President: Dr. Vijay Sharma
Secretary/Treasurer: Dr. Ranjit S. Rana