

**REUNION OF FORMER PATIENTS AND STAFF MEMBERS OF THE ROYAL OTTAWA  
SANATORIUM FOR THE TREATMENT OF TUBERCULOSIS  
SATURDAY, NOVEMBER 1, 2014, 10 a.m. – 5:00 p.m.**

**REGISTRATION FORM**

The registration fee, to cover lunch and refreshments and to help defray the costs of the reunion is \$25.00. Please send cheque to ensure reservation, made out to **Ottawa San Reunion 2014** and mail to:

Ottawa San Reunion 2014  
1339 Henry Farm Drive  
Ottawa, ON K2C 2E5

**NAME:** Please include maiden name or name used when a patient

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(Please indicate if you are a former patient or family member by checking with a tick)

Former Patient:

Family Member of Former Patient:

If a former patient, please indicate which building you were in. If a patient in more than one building, please indicate that.

Preventorium

Whitney

Perley

Carmichael

What year/s were you in the San? Approximate dates if unsure of exact dates.

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If a family member, please provide name of your relative and when they were in the San if you know. Also include their maiden name and name of building they were in if you know.

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(Please indicate if you are a former staff member or family member by checking with a tick)

Staff Member:

Family Member of Former Staff Member:

If a family member of staff, please provide name of your relative and when they were on staff (if you know).

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**Contact Information:**

Name:

Address:

Telephone number:

Email address:

**REMEMBERING**

It is important that the stories of former TB patients do not disappear. They provide a vital piece in the history of TB. Our hope is that the reunion will provide an opportunity for us to gather your San experiences to be recorded and collated. You have a rich history to share with us. We need your help to fulfill this goal. Please indicate your willingness to participate in this project.

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|----|---|-----|----|
| 1. | Are you interested in sharing your story?   | Yes | No |
| 2. | If yes, would you agree to have your name attached to your story?<br>(You are invited to share your story even if you do not wish to add your name).  | Yes | No |
| 3. | Would you like/be able to bring along to the reunion a typed summary of your memories and thoughts you would like to add to our collection?   | Yes | No |
| 4. | If you are unable to prepare a written summary would you like us to arrange an interview with you where we can record your story/memories? This could happen the day of the reunion or at another time and place convenient with you. | Yes | No |

**CONTACT LIST**

We plan to distribute a list of names, addresses and contact information for all those in attendance. Please indicate if you would like your information included in this list to share with the other participants.

	Yes	No
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The list would be distributed with the understanding that it is not to be used for the distribution of unsolicited emails.

Please bring photos/memorabilia to share with others while you reminisce.

