



Schweizerische Maligne Hyperthermie Vereinigung
Association de l'Hyperthermie Maligne Suisse
Associazione da la lpertermia Maligna Svizra
Associazione lpertermia Maligna Svizzera

Registration Form

Mr Ms Mrs

Surname:

Name:

Street, n°:

ZIP code, City:

Phone, home:

Mobile:

Phone, office:

Birthday:

MH status: negative positive not concerned not tested

Type of member: Individual Couple Family

Information on other family members:

Name:	Birthday:	MH status:
.....	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> not concerned <input type="checkbox"/> not tested
.....	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> not concerned <input type="checkbox"/> not tested
.....	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> not concerned <input type="checkbox"/> not tested
.....	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> not concerned <input type="checkbox"/> not tested
.....	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> not concerned <input type="checkbox"/> not tested

Please send this form to the following address

Office SMHA
Doris Baumann
Alte Landstrasse 368
CH - 8708 Männedorf