



Cleft, Craniofacial and Specialty Teams & Clinics Registration Form

AboutFace is pleased to provide an online listing of Cleft, Craniofacial Teams and Speciality Clinics for the reference purposes of our membership. We would be happy to include you on our list. Please complete this form and return it to our office, to have your team and/or clinic listed on the AboutFace International website.

Name of Team/Clinic: _____

Name of Hospital: _____

Mailing Address: _____

City: _____ Country: _____

Province/State: _____ Postal Code/Zip Code: _____

Phone No.: _____

Fax No.: _____

Email: _____

Program Director: _____

Discipline: _____

Program Coordinator: _____

Discipline: _____

Age Range of Clients: _____

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