



Stair Heroes Corporate Sign-up Form

Organization Name:

Billing Address:

Primary contact name:

Primary contact phone #

How many team members are you sponsoring:

The Lung Association of Nova Scotia will contact you for payment information.

NOTE: Please have team members fill out the attached registration form. We need individual contact information to send out important event updates, as well as to provide the option to fundraise, should team members wish to do so.

The Lung Association of Nova Scotia will be in contact regarding payment information. **Please note:** Team member emails are required in order to receive important event updates, as well as to provide the option to fundraise, should team members wish to do so.