

You have submitted the following information:

Request DetailsRequest Type: **Category - Proclamation:**Event Name: Duration of Proclamation: Month of Event: **Purpose of the request and how it demonstrates an interest or relationship to the City:**

Whereas Neuromyelitis Optica Spectrum Disorder (NMOSD) is a rare and relatively unknown autoimmune disease that currently has no cure; and

Whereas NMOSD attacks the central nervous system and can cause lifetime disability, including blindness and/or paralysis; and

Whereas The cause of NMOSD is still a mystery and there are a few approved treatments for the majority of patients with NMOSD; but no treatments for the remainder of patients; and

Whereas When mistaken for other diseases, treatments can exacerbate NMOSD symptoms; and

Whereas Increasing awareness about NMOSD has caused diagnoses to rise, as doctors have become more likely to recognize the varying manifestations of the disease; and

Whereas The NMOSD community is dedicated to increasing awareness and understanding of this disease in order to promote research, improved patient care, and outcomes, and ultimately find a cure,

NEUROMYELITIS OPTICA SPECTRUM DISORDER AWARENESS MONTH

Attached File(s): **Requestor Details**Applying on Behalf of an Organization/Community Group: First Name: Last Name:

Street #:	Street Name:	Unit/Suite/Apt #:
<input type="text" value="3985"/>	<input type="text" value="Hwy 7 East"/>	<input type="text" value="#201"/>

City:	Province:	Postal Code:
<input type="text" value="Markham"/>	<input type="text" value="ON"/>	<input type="text" value="L3R 2A2"/>

Primary Phone #:	Secondary Phone #:
<input type="text" value="(647) 404-6715"/>	<input type="text"/>

Email: Name of Organization/Community Group: **Address of Organization**

Street #:	Street Name:	Unit/Suite/Apt #:
<input type="text" value="3985"/>	<input type="text" value="Hwy 7 East"/>	<input type="text"/>

City:	Province:	Postal Code:
<input type="text" value="Markham"/>	<input type="text" value="ON"/>	<input type="text" value="L3R 2A2"/>

 By checking this box, I indicate that all the information provided on this form is true, correct and complete.

IN ORDER TO USE THIS ONLINE SERVICE, USERS ARE REQUIRED TO INDICATE THAT THEY HAVE READ AND ACCEPT THE CITY OF MARKHAM'S "TERMS OF USE AND PRIVACY POLICY". BY CLICKING ON THE "I HAVE READ AND AGREE" CHECKBOX BELOW, YOU ARE AGREEING TO BE BOUND BY THE CITY OF MARKHAM'S "TERMS OF USE AND PRIVACY POLICY".

 I HAVE READ AND AGREE TO THE CITY OF MARKHAM'S TERMS OF USE AND PRIVACY POLICY.

Personal information on this form is collected under the authority of Section 11 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended. The personal information you have provided will be used to administer and contact you regarding the above request. If you have questions about this collection contact the Access and Privacy Manager, Legislative Services Department, 101 Town Centre Boulevard, Markham, Ontario, L3R 9W3, 905-477-5530.