



You're invited to shuck your spring gear, grab your Hawaiian shirts and grass skirts at

OTTAWA-GATINEAU ANNUAL HAWAIIAN OYSTER ODYSSEY™

A FUNdraiser in support of the
BRAIN INJURY ASSOCIATION OF CANADA

TUESDAY APRIL 21ST 2009

5:30 p.m to 8:30 p.m at

Parliament Pub

201 Sparks Street

across the street from the Peace Tower

Presenting Sponsor-Insurance Bureau of Canada

INSURANCE
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D'ASSURANCE
DU CANADA

MASTER OF CEREMONIES

Francine Provost, President, EKIP Training & Consulting

SPECIAL GUESTS

Hon. Dr. Hedy Fry, MP, Canada's former Minister for Multiculturalism and the Status of Women

Hon. Dr. Carolyn Bennett, MP, Canada's first Minister of Public Health

Dennis Prouse, Director, Government Relations, Insurance Bureau of Canada

Shirley Johnson, President, Brain Injury Association of Canada

Val St. Germain, Saskatchewan Roughriders, Canadian Football League (retired)

Wendy Charbonneau, President, Brain Injury Association of the Ottawa Valley

Julie Léonard, President, L'Association des neurtraumatisés de l'Outaouais - Région de l'Outaouais

Yvan Teasdale, Government Relations Chair, Brain Injury Association of Canada

Dr. Cathy Gow, Research and Development Chair, Brain Injury Association of Canada

Marie Lise Léonard, brain injury survivor

AND MANY MORE MP'S, MPP'S, CITY OFFICIALS AND BRAIN INJURY SURVIVORS AND FRIENDS
OF THE BRAIN INJURY ASSOCIATION OF CANADA

NATIONAL DIAMOND SPONSOR:



Tickets \$65

(before April 14th or 75 clams at the door)

www.hawaiianoysterodysseys.ca

OTTAWA-GATINEAU HAWAIIAN OYSTER ODYSSEY™

Yes, I look forward to attending the Hawaiian Oyster Odyssey.

Please find my cheque payable to the Brain Injury Association of Canada

For _____ tickets @ \$65.00 each = _____ enclosed.

No, I can not attend, but enclosed is a deductible donation of \$ _____

Name: _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code _____

**I am paying with an enclosed cheque, payable to the
Brain Injury Association of Canada**

OR

I am paying with a credit card, my information and signature is below:

Visa Card#: _____ Expiry: _____

Mastercard Signature: _____ Date: _____

Return to:

Harry Zarins, Executive Director

Brain Injury Association of Canada

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