



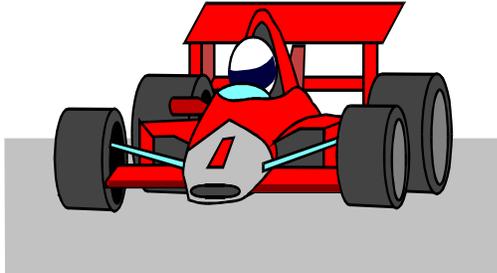
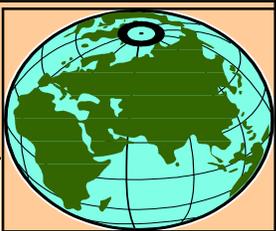
News & Views

Volume III, Issue I March 2010

www.copdcanada.ca

Together
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In and Around Our World



NASCAR
to help promote
awareness of
**Chronic Obstructive
Pulmonary Disease**

NASCAR will participate in a public health initiative to raise awareness of Chronic Obstructive Pulmonary Disease. As part of the partnership, the Feb. 13 Nationwide Series race at Daytona International Speedway will be called the DRIVE4COPD 300.

Wednesday with other celebrities – including four who will serve as the Nationwide race grand marshals: Emmy-nominated actor Jim Belushi, Olympic gold medalist Bruce Jenner, Grammy Award-winning country music star Patty Loveless and former NFL player Michael Strahan.

“COPD is the fourth-leading cause of death in the U.S., affecting an estimated 24 million people – half of whom are undiagnosed,” said NASCAR Chief Marketing Officer Steve Phelps. “NASCAR fans have a history of being receptive to and involved in health campaigns, and we believe we can make a difference in this unique partnership”

Chronic Obstructive Pulmonary Disease is a serious, progressive disease – which includes chronic bronchitis, emphysema, or both – that robs people of their ability to breathe.

DRIVE4COPD will become the official health initiative of NASCAR, which will help educate fans by asking them to answer five questions to determine if they’re at risk for the disease. Participating fans may enter a sweepstakes with the grand prize being a VIP race weekend in Daytona for the July race and another chance for a trip to the 2011 Daytona 500.

Editor’s Note:
By the time this newsletter goes up on our website, this event will be “history” but I felt it was well worth bringing attention to a great event.

Among the celebrities helping with the COPD public-awareness campaign is JR Motorsports driver Danica Patrick, who has not yet decided whether she will make her NASCAR debut in the DRIVE4COPD 300 on Feb. 13 at Daytona or the Feb. 20 Nationwide race at Auto Club Speedway in California.

The event is led by founding sponsor Boehringer Ingelheim Pharmaceuticals (which sells drugs to help combat the disease) with partnering organizations including the COPD Foundation and the American Lung Association.

I truly believe that this is a huge step in the right direction for educating people about COPD. We need more celebrities and the media to help us get the word out.

Together We Can!!



“Deep Breathing” Techniques

Courtesy of Nick and Jan Jones



Nick and Jan Jones

There have been many questions regarding pursed lip breathing. Hopefully this will make the processes more easily understood. Please check with your doctor to make certain that he agrees.

As we see it, pursed lip breathing is broken into three distinct categories: pattern breathing, formal deep breathing, and “catch your breath” deep breathing.

Formal Deep Breathing

In a home or classroom environment, we sit straight in the chair, feet flat on the floor, head erect (as though there were a string attached from the top of your head to the ceiling), shoulders down away from your ears (not forward - no rising of the shoulders as you breathe), neck muscles relaxed (this is the first place you will feel tension), jaw muscles relaxed, exhale slowly and fully through pursed lips and as you approach emptiness, pull the belly button back to the spine to force any air left out, then relax the belly and inhale fully and slowly and fully through the nose. Have pleasant thoughts or no thoughts at all. Be aware of your breathing. Let everything slow down. Relax, relax, relax. In time, your respirations (one breath in and one breath out) should slow down to about four respirations a minute. This is dependant on the severity of your COPD. There is no right or wrong number, but the lower the number, the more relaxed you are.

If you practice this for ten minutes, twice a day for two weeks, panic attacks should be a thing of the past. It is important that you have the mental strength to exhale when your brain is telling you to SUCK IN! SUCK IN! Exhale slowly through pursed lips and fall into the formal deep breathing pattern. Be strong and stay relaxed. Breathe slowly.

Pattern Breathing

Pattern breathing is utilized when walking, either on the treadmill or when walking throughout the neighbourhood. Here, you begin by breathing in a 2-4 pattern; two in through the nose and four out through pursed lips (pucker up and blow). This can vary due to weather conditions and your physical condition at the time. You may find that a two/five or a two/six pattern works best for you. It is advised that you have an oxymeter with you to determine your optimum pattern. Stay at 90% saturation or better.

Informal Deep Breathing

Even while pattern breathing, you may find yourself short of breath while walking. STOP WALKING, place hands on hips, and fall into a deep breathing pattern. Exhale slowly and fully through pursed lips, pulling the belly back to the spine, then relax, inhaling slowly and fully through the nose. Relax, relax, relax! In a couple of minutes, you should be able to continue walking, stopping whenever you become short of breath.

When your sats are well above 90% continue walking.

Practice is the key to success.

Editor's Note.

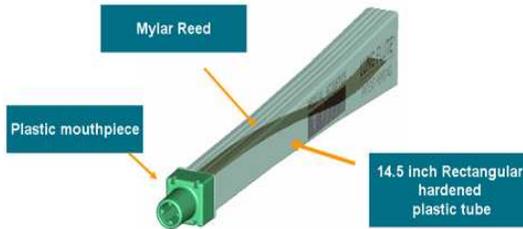
Many thanks to Nick and Jan Jones of “Airheads” fame in Florida. A strong support group with some great ideas and tips to share.



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Vitamin D May Halt Lung Function Decline In Asthma



ScienceDaily (May 21, 2009) — Vitamin D may slow the progressive decline in the ability to breathe that can occur in people with asthma as a result of human airway smooth muscle (HASM) proliferation, according to researchers at the University of Pennsylvania.

The group found that calcitriol, a form of vitamin D synthesized within the body, reduced growth-factor-induced HASM proliferation in cells isolated from both persons with asthma and from persons without the disease. The proliferation is a part of process called airway remodeling, which occurs in many people with asthma, and leads to reduced lung function over time.

The researchers believe that by slowing airway remodeling, they can prevent or forestall the irreversible decline in breathing that leaves many asthmatics even more vulnerable when they suffer an asthma attack.

"Calcitriol has recently earned prominence for its anti-inflammatory

effects," said Gautam Damera, Ph.D., who will present the research at the American Thoracic Society's 105th International Conference in San Diego on May 20. "But our study is the first to reveal the potent role of calcitriol in inhibiting ASM proliferation."

The experiments were conducted with cells from 12 subjects, and the researchers compared calcitriol with dexamethasone, a corticosteroid prescribed widely for the treatment of asthma. Although, dexamethasone is also a powerful anti-inflammatory agent, the researchers found that it had little effect on HASM growth.

Dr. Damera and his colleagues found calcitriol inhibits HASM in a dose-dependent manner, with a maximum inhibitory effect of 60 percent \pm 3 percent at 100nM.

As part of the University of Pennsylvania's Airway Biology Initiative, the researchers are planning a randomized control trial of calcitriol in patients with severe asthma and expect to have data from the trial in about a year's time.

With its anti-inflammatory qualities and its ability to inhibit smooth muscle proliferation, Dr. Damera

said, calcitriol may become an important new therapy, used alone or in combination with already prescribed steroids, for treating steroid-resistant asthma.

Dr. Damera and his colleagues have also conducted experiments to determine the mechanism by which calcitriol retards HASM proliferation. They believe the vitamin works by inhibiting activation of distinct set of proteins responsible for cell-cycle progression.

The investigators have also conducted experiments to determine whether calcitriol, which is currently used to treat psoriasis, could be an effective therapy for COPD. Although preliminary, their data shows that calcitriol appears to reduce pro-inflammatory cytokine secretions in COPD. As with asthma, the researchers believe, calcitriol may also have the added benefit of slowing, if not stopping, the progression of airway remodeling. Others in the field believe calcitriol may also have the potential to inhibit the development and growth of several types of cancer.

We Need Your Help!!

This year, your Board of Directors has set themselves a huge task . We have decided that 2010 is the year we need to push hard for Pulmonary Rehab across the country.

As I am sure you all know, the squeaky wheel gets the grease” is not just a cute saying! There is also huge power in numbers. We need to get the message across to our politicians and Health Care Authorities that the amount of money to be saved over the long term in providing ongoing pulmonary rehab is phenomenal. Hospital stays for people with COPD are increasing yearly and they cost our health care system more each year as the number of people with COPD is increasing more than any of the other leading disease.

Two members of our Board of Director’s have volunteered to “craft” appropriate letter for the different recipients. These will be made available on our website so that you can use them for your

local politicians and your Health Authority. Watch for these coming soon as we urge you on our website to “Join Us” and make a difference. Again I will say the power of numbers is huge and we need all of you to step up to the plate!!

You will be among the ones to benefit if we are successful in getting this important message across..

Remember our “mantra”.

Together We Can!! Care Advocate Network

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Chronic Disease Self-Management Part II

BECOMING AN ACTIVE SELF-MANAGER

It is impossible to have a chronic condition without being a Self-Manager. Some people manage by withdrawing from life. They stay in bed or socialize less. The disease becomes the centre of their existence. Other people with the same condition and symptoms somehow manage to get on with life. They may have to change some of the things they do or the way things get done. Nevertheless, life continues to be full and active. The difference between the two extremes is not the disease but rather how the person decides to manage the condition.

Like any skill, active self-management must be learned and practiced. Remember; **You Are The Manager.** Like the manager of an organization or a household you must

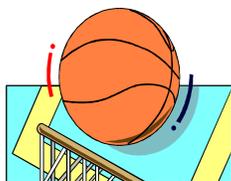
- 1] *decide* what you want to accomplish,
- 2] look for *alternative ways* to accomplish this goal,
- 3] start making *short-term* plans by making an action plan or agreement with yourself,
- 4] *carry out* your action plans,
- 5] *check* the results,
- 6] make *changes* as needed,
- 7] remember to *reward* yourself.

Deciding what you want to accomplish may be the most difficult part. You must be realistic and very specific.

Think of all the things you would like to do. One of our self-managers wanted to climb twenty steps to her daughter's home so that she could join her family for a holiday meal. Another wanted to lose weight to help his cardiac condition. Still another wanted to be more socially active but felt limited by the need to take her oxygen tank everywhere. In each case, the goal was one that would take several weeks or maybe months to accomplish.

One of the problems with goals is that they often seem like dreams! They are so far off that we don't even try to accomplish them.

Take a moment then to write **three goals** you would like to achieve and put an asterisk beside the one you would like to work on first.



Sometimes what keeps us from reaching our goal is a failure to see alternatives, or we reject alternatives without knowing much about them.

There are many ways to reach any specific goal. For example our first self-manager who wanted to climb 20 steps could start off with a slow walking program, could start to climb a few steps each day, or could look into having the family gathering at a different place. The man who wanted to lose weight could decide not to eat between meals, to give up desserts, or to start an exercise program. The lady who wanted more social contact could find out about community recreation programs, or could call or write friends.



Sometimes it's hard to think of all the options yourself. Share your goal with family, friends and health professionals. Don't ask what you should do. Rather, ask for suggestions. It is always good to have a list of options.

Write a list of options for your **main goal**, then put an asterisk next to the two or three **options** you would like to work on.

The next step is to turn your options into *short-term plans*, which we will call an Action Plan [not to be confused with a Medical Action Plan] . This action plan calls for a specific action or set of actions that you can realistically accomplish within, say, the next week. The plan should be about something **you** want to do or accomplish. You do not make action plans to please your friends, family or doctor.

Action plans are probably your most important self-management tool. Most of us can do things to make us healthier, but fail to do them. For example, most people with chronic illness can walk, some just across the room, others for a half block. Most can walk several blocks and some a kilometer or more. However, sadly few people have a systematic exercise program.

Make sure that your plans are "behaviour specific"; that is rather than just deciding to "relax", you will "listen to my muscle relaxation tapes.

Next, *make a specific plan*. This is the most difficult and the most important part of making an action plan. Deciding what you want to do is worthless without a plan to do it. The plan should contain all of the following steps:

- 1] Exactly what are you going to do? How far will you walk, how will you eat less, what breathing technique will you practice?
- 2] How much will you do? Will you walk around the block, walk for 15 minutes, not eat between meals for three days, practice breathing exercises for 15 minutes?
- 3] When will you do this? Again this must be specific, such as before lunch, in the shower, when I come home from work. Connecting a new activity with an old habit is a good way to make sure it gets done. Another trick is to do your new activity before an old favourite, such as reading the paper or watching a favourite TV program.
- 4] How often will you do the activity? This is a bit tricky. We would all like to do things every day, but it is not always possible. It is usually best to decide to do something three or four times a week. If you do more, so much the better. However, if you are like most of us, you will feel less pressure if you can do your activity three or four times and still be successful at your action plan. [Please note! Taking medications is an exception. This must be exactly as directed by your doctor].



Cont'd on Page 6

Self Management cont'd from page 5

There are a couple of rules for writing your own action plan that may help you achieve success. First, *start where you are*, or start slowly. If you can only walk for one minute, start your walking program with walking one minute once every hour or two, not with walking a kilometer! If you have never done any exercise, start with a few minutes of warm up. Gentle stretches to get you going. If you want to lose weight, set a goal based on your existing eating behaviours, such as not eating after dinner.

Also, *give yourself some time off*. All people have days when they don't feel like doing anything. That is a good reason for saying you will only do something three times a week instead of every day. That way, if you don't feel like walking one day, you can still achieve your action plan.

Once you've made your action plan, *ask yourself* the following question: On a scale of) to 10, with 0 being totally unsure and 10 being totally confident, how confident am I that I can complete this plan?

If your answer is 7 or above, this is probably a realistic plan. If your answer is below 7, then you should look again at your action plan. Ask yourself why you are not confident. What problems do you foresee? Then see if you can either solve your

problems or change your plan to make yourself more confident of success.

Once you have made a plan you are happy with, write it down and post it where you will see it every day. Keep track of how you are doing and any problems you encounter.



If the action plan is well written and realistic, fulfilling it is generally fairly easy. Ask family or friends to check with you on how you are doing. Having to report your progress is good motivation. Keep track of your daily activities while carrying out your plan. All good managers have lists of what they want to accomplish. Check things off as they are completed. This will give you guidance on how realistic your planning was and will also be useful in making future plans.

At the end of each week, see if you completed your action plan and if you are a little nearer to accomplishing your goal. Are you able to walk a little farther? Have you lost any weight? Are you less fatigued? Taking stock is important. You may not see progress every day but you should see small improvements each week.

In our next edition we will cover Problem Solving and Rewarding Yourself!

Healthy Eating

Apricot Chicken

This goes really well with a green salad.

Canned apricot halves, in juice	14 oz.
Grated ginger root	1/2 tsp.
Chili sauce	2 tbsp.
Liquid honey	3 tbsp.
Low sodium soy sauce	1 tbsp.

Boneless, skinless chicken breast halves **6**

Drain apricot juice into small bowl and set fruit aside. Add ginger root, chili sauce, honey and soy sauce to juice. Stir well.

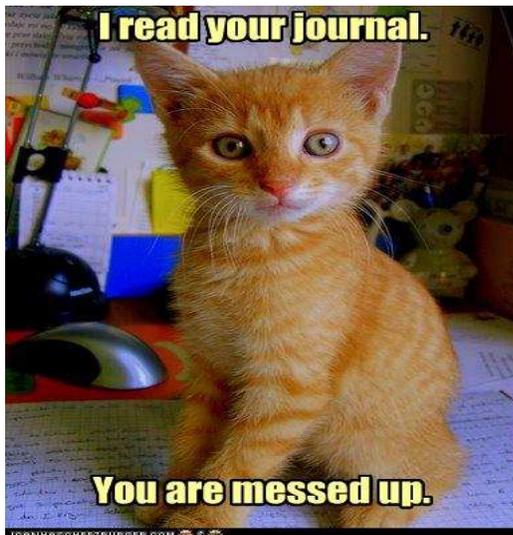
Place chicken and juice mixture in sealable plastic bag. Marinate for a few hours or overnight in refrigerator, turning to coat. Lightly grease 2 quart casserole dish. Lay chicken in bottom. Bake in 350 oven for 20 minutes.

Pour marinade into small saucepan and boil for 4 minutes to slightly reduce and thicken sauce. Brush some sauce over chicken and bake for a further 20 minutes. Arrange reserved apricot halves over chicken. Drizzle remaining sauce over all and bake for 10 minutes until apricots are hot. Serves 6.

1 serving: 203 Calories; 28 g Protein; 1.5 g Total fat, [0.4 g Sat, 68.4 mg Cholesterol] ; 331 mg Sodium; 1 g Dietary Fiber.



Laughter The Best Medicine



Bits and Pieces

Researchers from Australia found eating lots of soy products may improve lung function and reduce the risk of developing COPD and other respiratory problems. Flavanoids in soy act as an anti-inflammatory agent in the lungs and may protect against tobacco carcinogens for smokers. Soy is found in many Japanese foods , including tofu, natto, miso soup, bean sprouts and soy milk. Previous research has shown that soy foods can also reduce cholesterol and alleviate menopause symptoms. The study was published in the *Journal Respiratory Research*.

A new medication, Daxas [Roflumilast] from Nycomed, is an oral enzyme inhibitor targeting cells and mediators and is expected to act on the underlying mechanism of COPD and related inflammatory diseases. It could reduce exacerbations requiring medical intervention. If approved, Daxas, a once-a-day tablet, will be the first in its drug class. It will also be the first in a new approach to the management of COPD in a generation. The company is preparing to submit a new drug application to the FDA.

Nutrition For COPD'ers

Good Nutrition is important to keep you healthy. A well balanced diet gives your body the nutrients it needs for energy, maintaining body cells and regulating body processes. It may be helpful to limit foods high in carbohydrate in order to promote the best lung function. Calories that normally come from simple carbohydrates should be supplied by foods higher in protein and fat. The reason for this is to decrease the amount of carbon dioxide that your body produces so that your breathing is made easier. Simple carbohydrates can also increase your blood sugar if you take steroids.

Dietary Guidelines:

[Florida Medical Nutrition Therapy Manual, 2007 Edition]

- Use artificial sweeteners instead of sugar
- Use artificially sweetened soda, jam, jelly, hard candy, syrup, pudding instead of regular varieties
- Use canned fruits in juice or water or choose fresh fruit
- Limit intake of desserts containing sugar
- Use unsweetened cereals not sugar-coated varieties
- Eat whole grains, fruit, vegetables, and dairy products to replace foods with little nutritional value such as regular soda, candy, chips, cake etc.
- Eat five to six small meals per day instead of three large ones
- Choose foods that are easy to prepare and eat
- Try to rest for about 30 minutes before eating
- If you use oxygen during exercise or sleep, you should use oxygen during meals
- Experiment with different body positions to find one that uses the least

energy and is the most comfortable for eating

- Avoid foods that produce gas or bloating [i.e. dried beans and peas, broccoli, cauliflower, cucumbers, onions, raw apples, melons] since they tend to make breathing more difficult
- Drink enough fluids to keep mucous thin and easier to cough up. Drink 48 ounces to 80 ounces of fluid each day, unless you have a medical condition that restricts fluid

Be aware that caffeine can interact with some common medications sometimes used to treat COPD [e.g. Theophylline]

SAMPLE MENU FOR BREAKFAST, LUNCH and DINNER

Breakfast

- 1/2 Medium grapefruit
- 2 Slices whole wheat toast
- 1 Tsp. butter/becel
- 1 Tbsp. diet jelly
- 1 Cup 2% milk

Snack

- 1 oz. Cheese
- 6 Crackers
- 1 Pear

Lunch

- 6 oz. Vegetable juice
- Chef Salad:

- 2 oz. Turkey
- 1 oz. Cheese
- 2 Cups Romaine lettuce
- 1 Tbsp French dressing

6 Saltine crackers

1/2 Cup canned peaches

Snack

- 1/2 Cup cottage cheese
- 1/2 Cup pineapple
- 3 Graham cracker squares

Dinner

- 3 oz. Sirloin steak
- 1/2 Baked sweet potato
- 1 Cup green beans
- 1 Small wholegrain roll
- 1 Tsp. butter/becel
- 1/2 Cup lime sherbert
- 1 Cup 2% milk

Snack

- 2 Tbsp. peanut butter
- 2 Slices whole wheat bread
- 2 Tsp. diet jelly
- 1 Cup 2 % milk



Letter From The Editor



Dear Readers,

By the time you read this I hope to be cruising in the Caribbean with the “Sea Puffers” group and collecting lots of pictures and experiences to share with you in our June Newsletter. We also plan to stop along the way on our return trip by Amtrak to meet some of our wonderful Internet friends in the U.S. Hopefully by sharing our experiences with you we can inspire you to spread your wings with oxygen. It can be done!!

We will be asking for your help this year as we focus on pushing for more Pulmonary Rehab Programs across the country. Patients all know it is what we need. Politicians and Health Care Authorities need to hear your voice. When we ask you to help with a letter writing campaign, please do it. Your voice **can** make a difference.

Don't forget !! This is **YOUR** newsletter.

email all suggestions or comments to: gwen@copdcanada.ca

Sincerely,

Gwen



From Our Website www.copdcanada.ca

For our members and visitors who still prefer hardcopy

Women & COPD

Statistics show that of the 750,000 "diagnosed" cases of COPD in Canada, 57% are women (425,000) and 4,300 will die this year.

Why is that?

- Could it be that more men are diagnosed by our GP's than women thus treatment is started earlier?
- Could it be because women wait longer to talk to a Dr?
- Perhaps it's because the effects of smoking is worse for women?
- Could it be because of our smaller body mass, lungs and airways?
- Only 13% of Canadian women are aware of spirometry testing...Is that a contributing factor?

Ironically however more women than men are familiar with Chronic Obstructive Pulmonary Disease (54% vs 37%) and for the acronym of "COPD, " it's [20% vs 7%].

According to the Canadian Lung Association "Since 2000, female mortality due to COPD has risen at DOUBLE the rate of breast cancer."

Women use a greater amount of their lungs than men. This means it takes more effort to breathe; it also means increased shortness of breath (SOB). When you combine the smaller body and airways and the need for more oxygen, and if you take the same disease stage of a man and a woman; women will experience more symptoms.

Then what happens? You get short of breath then start to reduce your physical activity when in reality you need to INCREASE it.

Men's numbers for COPD are dropping, women's are increasing. According to Canada's Public Health Agency, 4.8 % of women over 35 suffer from COPD, compared to 4.3% of the males.

Statistically speaking; it's apparent that your family Dr. may not suggest this non-intrusive, painless breathing test until your symptoms are much further along even though most GP's have ready access to it. It's also obvious our Government isn't going to do anything any time soon.

So that leaves it up to you.

Spirometry testing should be as routine as mammograms, Pap Tests and Breast Exams; particularly if you fall in the "suspect" category." Check the warning signals or symptoms. If you've answered yes to any one question, and if you have a history of smoking (it doesn't matter that you stopped awhile ago), ASK your Dr. for a spirometry test.

The quicker you learn about this disease and start treatment, the better. Not only will your prognosis be more favorable; but once you're on the right medicines your physical and emotional abilities will increase; you'll feel better overall.

Together we CAN !!.....C are, A dvocate, N etwork

Remember: YOU ARE NOT ALONE!



COPD Canada Patient Network Membership Form

Please fill in and mail to:

COPD Canada Patient Network
 Attn: Dave Raymer
 3047 Old Sambro Rd
 Williamswood, NS B3V 1E6 Canada

E Mail Contact@copdcanada.ca or Membership@copdcanada.ca Ph: 902-477-1507

WebSite www.copdcanada.ca

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Name:	Phone #
Full Mailing Address:	E Mail Address:
Are You a <i>(Please Circle One)</i> Patient, Caregiver, Family Member/Friend, Medical/Professional, Other <i>(if other please specify)</i>	How did you Hear about COPD Canada Patient Network? <i>(Please circle)</i> Internet Search, Family/Friend, Pamphlet, Newsletter, Referral Other <i>(If other or by referral, please specify)</i>
Do You have any Comments or Suggestions?	As a member of the Network it is expected that if we undertake a mail campaign to legislators or other governing bodies of importance to COPDer's, that you will participate in this when the request to members goes out. Usually the Maximum is twice a year. Do you agree with this? YES NO <i>(Please circle one)</i>

Please Note: All information gathered/received will be held in the strictest of confidence and WILL NOT be shared with anyone at any time (with the exception of your name (only) in the event a supplier wants to verify your membership) Your personal information will NEVER be shared or compromised!

Once we receive your application, a welcoming note will be e mailed to you with additional information along with your Membership Number, the most recent Monthly "AIRmail" and Newsletter.

"Together" We CAN !!! Care, Advocate, Network