

# FOLLOW-UP REQUEST

**PLEASE PROVIDE THE FOLLOWING DETAILS SHOULD YOU  
WISH TO RECEIVE MORE INFORMATION FROM SANOFI GENZYME.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Yes, I would like to receive information by email.

I would like to receive more information about: \_\_\_\_\_

\_\_\_\_\_

**Send your completed form to [Type2@sanofi.com](mailto:Type2@sanofi.com) and we will get back to you.**

