

Epilepsy News

Serving the people of Newfoundland and Labrador for 25 years!

THE QUARTERLY NEWSLETTER OF EPILEPSY NEWFOUNDLAND AND LABRADOR

FALL 2008

Photosensitivity

What is photosensitive epilepsy?

Photosensitivity describes a sensitivity to flashing or flickering lights, usually of high intensity, which are pulsating in a regular pattern. Many people are uncomfortable when exposed to such lights, but people with photosensitive epilepsy can be triggered into seizures by them. It is estimated that fewer than 5% of people with epilepsy are photosensitive.

What kinds of flashing lights can trigger seizures?



Not all flashing lights or visual patterns will trigger a seizure, even in people who are photosensitive. The rate of the flashing light, the duration of the flashing, and the intensity of the light all play a part. A flash at a frequency of between 15 and 20 flashes per second is

most likely to cause a seizure, whereas very few people are sensitive to a rate of 3 flashes per second

Recent advances in the electronics industry exposes many people to a wide range of equipment with flickering or variable light conditions. These may cause problems for the person with photosensitive epilepsy. But natural sources, like the effect of sunlight through trees or dazzling reflections off water, are also known seizure triggers.

Can other visual patterns trigger seizures?

Besides flickering light, there are also specific contrast patterns which can be seizure-provoking. In general, high contrast light and dark stripes are provocative (if there are between one and four black and white bars in each degree of the person's vision).

"Dartboard", sectored or "whirling wheel" type patterns are also very provocative, especially when they cover a large proportion of the picture area.

How can photosensitive seizures be avoided?

If you have photosensitive epilepsy, taking a few simple steps can be helpful:

- Sitting at least 2.5 metres away from the television set and 30 cm. back from a computer monitor.
 - Not increasing the contrast and brightness of a screen.
 Using a high-quality computer monitor,



- with a refresh rate of at least 60 Hz (VGA quality or better).
- Viewing in a well-lit room to help counteract the brightness of the screen. Eliminating reflected ambient light on the screen. Minimizing exposure to fluorescent lighting.
- Placing a hand over one eye or wearing an eyepatch when approaching the TV picture will also help, since images have to be viewed through both eyes in order to provoke photosensitive seizures.
- Wearing a good pair of polarized blue sunglasses (preferably with side shades) with tinted lenses when exposed to flickering light both indoors and outside.
- Calling ahead when planning on attending a movie, theatrical or other event which may contain strobing or provocative stimuli can reduce surprises.
- Sodium valproate (valproic acid) is the drug of choice for controlling photosensitive seizures.

If something on television or elsewhere causes you to have a photosensitive seizure, bring it to the attention of the station, the company responsible, or to Epilepsy Newfoundland and Labrador.

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On My Mind

A speaker started off his seminar by holding up a \$20 bill. He asked. "Who would like this \$20 bill?" Hands started going up.

He said, "I am going to give this \$20 to one of you - but first, let me do this." He proceeded to crumple the 20 dollar note up. He then asked, "Who still wants it?" Still the hands were up in the air.

"Well," he replied, "what if I do this?" He dropped it on the ground and started to grind it into the floor with his shoe. He picked it up, now crumpled and dirty. "Now, who still wants it?" Still the hands went into the air.

"My friends, you have all learned a very valuable lesson. No matter what I did to the money, you still wanted it because it did not decrease in value. It was still worth \$20." Many times in our lives, we are dropped, crumpled, and ground into the dirt by the decisions we make and the circumstances that come our way. We feel as though we are worthless; but no matter what happened or what will happen, you will never lose your value.

"Dirty or clean, crumpled or finely creased, you are still priceless to those around you. The worth of our lives comes, not in what we do or who we know, but by who we are.

Sometimes, life is not easy. We fight and struggle to move beyond the obstacles in our way; we try so hard to become the person we want to be; to achieve and overcome. And sometimes, despite all those efforts, we don't succeed.

In those moments, when we feel worthless; when we throw our hands in the air and say, "What's the point of trying at all," we need to remember that each and every one of us has tremendous value, and purpose, and worth.

It may be difficult to see sometimes, especially when life has weighed you down. But you are important, to others, and to yourself. No matter how crumpled or beaten down we may feel.

Today, when you read this, say something kind to the next person you meet. Let them know you value them. You may help to smooth out some of the crumples and doubts of someone else, and you may learn just how much you are valued in return.

Pamela Anstey Information Officer



Disclaimer

The materials contained in the Epilepsy Newfoundland and Labrador newsletter are to provide general information about epilepsy to the public. The information presented is not intended as medical or legal advice. Epilepsy Newfoundland and Labrador, its employees, board members, medical advisors, volunteers, agents and sponsors do not assume responsibility for inaccuracies or omissions or for the consequences from the use of the information obtained in this newsletter. Epilepsy Newfoundland and Labrador is not liable for any outcome or damages resulting from information in either a direct or indirect form. We recognize that each individual's experience of epilepsy is different. Consult your physician and/or neurologist with any questions you have.

People with epilepsy should never discontinue anti-epileptic medications or make changes in activities unless specifically advised to do so by an attending physician.

Joey Callanan

Suffering Through Seizures with the Support of Family and Friends

seizures took on his education. His parents, Laus and Cindy, and his brother Tim, 20, are on hand for support.

Joey is now one short year away from finishing high school at Bishop's College. Only four years ago, severe seizures made school work so difficult for Joey that it didn't always seem possible.

The problem started when he was in Grade 3. The seizures would strike when he woke up. By the time he was in Grade 9, he was having three to four seizures a week, each lasting up to 45 minutes.

At one point, Joey was on four anti-seizure medications. Even on days when he didn't have a seizure, he would be tired from the effects of the medication. It wrought havoc with his ability to concentrate. "I would take my homework home from school and I would try as hard as I could to do it, but I couldn't because I didn't know what to do," he says. "It was brutal."

Laus says Joey was left with only fragments of what had gone on during the course of a day. "His attention span wasn't very good after having the seizures," Laus says. "His alertness suffered a great deal and then when he'd come home he'd wonder if he'd been in school at all that day because he couldn't recall what had gone on."

Joey began to lose confidence. "I just couldn't do it," he says. "It was really hard."

Cindy says Joey's junior high years were his worst. "He pretty much missed junior high," she says. "If he was there in body, he certainly wasn't there in mind."

Eventually Joey was given a choice by the doctors. He could either continue the medication regimen, or he could opt for corrective, but dangerous, brain surgery.

Joey decided the risk was worth it. In fall 2004, Joey and his parents headed to Toronto's Hospital for Sick Children. Doctors conducted two six-hour surgeries, one to plant a grid on Joey's brain to monitor the effect of the seizures and another to remove part of the affected area of the brain.

"It was scary," Joey recalls. "Tim gave me some of the biggest support, especially when I had to go away to get my surgery done."



Joey Callanan, and his brother Tim

Tim was in high school at the time and had to stay behind. He remembers how difficult it was not being able to see his brother. "I was here by myself. Wondering how they were doing," Tim says. Soon after the surgery, Tim took some time off school and finally got to go to Toronto. "I remember going in and seeing the smile on his face," Tim says. "It was definitely important for both of us that we got to see each other shortly after the surgery."

Since the surgery, Joey hasn't had a singe seizure. However, the surgery affected his speech. He spent months working with a speech pathologist at the Janeway to restore his ability to talk.

The interruption in his education meant he's had to complete high school in four years, rather than three, but it's a small price to pay for normalcy.

These days, when they have free time, Joey and Tim like to kick back and jam in their basement. Joey's a drummer and Tim's a guitarist.

The Callanans understand just how difficult learning can be for someone with Epilepsy. They also know Joey wouldn't have been able to make it alone. "Everybody's behind him 100 per cent," Cindy said. "And he's needed it, he's had so much catch-up to do."

By David Whalen, The Telegram, June 8, 2008

The Registered Disability Savings Plan

he Registered Disability Savings Plan became law on December 14th, 2007, and should become available at financial institutions in late 2008.

The RDSP is a new program that will assist families in planning for the long-term financial security of our relatives with disabilities. Over time, the RDSP will provide billions of dollars to supplement income, enable home ownership, and enhance quality of life for as many as 700,000 Canadians with disabilities.

Highlights of the Registered Disability Savings Plan

- The RDSP will allow funds to be invested tax-free until withdrawal
- Any individual that is eligible for the Disability Tax Credit may establish an RDSP
- In the case of a minor child, a parent or guardian can establish and direct the RDSP
- A \$200,000 lifetime contribution limit
- Contributions permitted by the individual, any family member or friends
- No annual limit on contributions
- Contributions grow on a tax deferred basis
- No restrictions on when the funds can be used or for what purpose
- Upon withdrawal, the income, the Grant, and the Bond are taxed in the hands of the beneficiary, and are likely to be taxed at a much lower rate

Highlights of the Canada Disability Savings Grant

- The Canada Disability Savings Grant will provide a federal contribution to assist families in saving for the future
- Grants are greater for families in the lower and middle-income categories
- When annual net income is less than \$74,357 the grant will contribute:
 - \$3 for every \$1 contributed on the first \$500
 - \$2 for every \$1 contributed on the next \$1,000
- When annual net income is over \$74,357, the grant will contribute:
 - \$1 for every \$1 contributed up to \$1,000
- The Grant can be received for 20 years, until the beneficiary turns 50
- Beneficiaries must wait 10 years after last Grant or Bond is received to avoid penalties

Highlights of the Canada Disability Savings Bond

- When annual net income is \$20,833 or less, the Canada Disability Savings Bond will provide \$1,000 per year whether or not contributions are made to the plan
- The RDSP thus becomes accessible to persons with disabilities whose family does not have the resources to make contributions
- Like the Grant, the Bond can be received for up to 20 years until the person reaches their 50th birthday

Withdrawals from the RDSP.

- The beneficiary of a plan can receive Disability Savings Payments as soon as the RDSP is established. There are no restrictions on when the funds can be withdrawn or for what purpose, but any Grant or Bond received within 10 years must be repaid.
- Each dollar withdrawn is considered to be comprised of contribution, Grant or Bond, and income. The proportion that is Grant, Bond or income is taxable.

The Registered Disability Saving Plan is exempt from the calculation of Income Support benefits in Newfoundland and Labrador!

For more information and a handy online RDSP calculator, check out **www.plan.ca** or **www.rdsp.com**.

The RDSP calculator tool will help project the estimated future value of an RDSP, and will help determine how it can enhance the quality of life for a family member with a disability.

By answering a few simple questions, the calculator will determine the amount of Grant and Bond a person is eligible for, and the value of future payments.

If you need further assistance or information on anything to do with the new RDSP, feel free to give us a call at Epilepsy Newfoundland and Labrador, and we will help you find the information you need.



ENL Says Good-Bye to a Friend

Just a few weeks ago ENL lost a long time supporter and friend. Linda Ann Green passed away suddenly on August 26th, 2008. She was only 48 years old.

Linda was involved with Epilepsy Newfoundland and Labrador right from our very beginnings, over twenty five years ago.

She was only eight when she was diagnosed with nocturnal

epilepsy. The seizures start just before, during or while waking from her sleep. Despite treatment and medication, they lasted throughout her life.

It didn't stop her from becoming very accomplished in her career however. For more than two decades Linda worked as a court reporter with the Supreme Court of Newfoundland and Labrador, Trial Division. It was a job she loved dearly and one she excelled at.

Her tremendous contribution to the province's justice system was acknowledged by a letter written upon her retirement by Hon. Derek Green, chief justice of the Supreme Court of Newfoundland and Labrador, Trial Division. It reads, in part:



"You have the reputation of being one of the best shorthand reporters in the courthouse and many would say the fastest transcriber. In fact there are stories that you operate your computer so fast that smoke has been seen billowing from the keyboard..."

Aside from her career, Linda was a published writer and poet, with a talent for capturing emotion in just a few short lines. She has written, and contributed her poems to this newsletter on several occasions.

Linda will be remembered by all of us here at ENL for her strength and courage in facing the many challenges life put before her, and we wish her family and friends much peace, and our deepest sympathy in their sudden loss.

Seashore - by Linda Green

The wind hurries toward me like an eager child with something to tell.

The water licks the shoreline savouring each grain of sand.

I sit on a rock digesting the memory.

(From the 1977 book "From This Place", published when she was only 17 years old.)

Stephen's Legacy



n May 2, 2008 Vaden Short and his wife Karen made a \$2500 donation to ENL.

The money was in memory of their son Stephen who tragically passed away on December 10, 2007 as a result of a seizure.

Stephen's family, wanting to do something to help others with epilepsy, designed and sold memorial bookmarks at \$3 each.

We want to thank all of Stephen's friends and family for helping to keep his memory bright, and helping others with epilepsy lead a life of hope and fulfillment.



Stephen Dawe (brother-in-law), Jesse Dawe (nephew), Stephanie Dawe (sister), Gail Dempsey (Executive Director of ENL), Vaden and Karen Short (parents)

Epilepsy Syndromes

hen a person's seizure disorder has a characteristic group of features, it is called a syndrome. Syndromes have a cluster of symptoms or signs that define them.

Over the next few editions of *Epilepsy News* we will give you an overview of some of the most prevalent epilepsy syndromes. For more detailed information on any of the epilepsy syndromes listed here, please contact Epilepsy Newfoundland and Labrador.

Juvenile Myoclonic Epilepsy

Overview

Also known as Janz Syndrome, Juvenile Myoclonic Epilepsy can occur anytime from age 8 to 30 but most usually will develop during or shortly after puberty. It accounts for 8-10% of all epilepsies of adulthood and adolescence.

Symptoms

- Characterized by myoclonic episodes or sudden jerking movements frequently occurring in a series or upon waking. In the majority of cases they are followed by a generalized tonic-clonic seizure. In some cases absence seizures will also be a part of the syndrome.
- Photosensitivity among people with Juvenile Myoclonic Epilepsy is relatively common.
- Juvenile myoclonic Epilepsy is adversely affected by an irregular lifestyle, and seizures may be triggered by such things as sleep deprivation, irregular sleep times, alcohol/drugs, menstruation, stress, and strong emotional reactions.
- Seizures tend to last throughout life but with treatment may subside some in mid-adulthood.

Treatment

 Juvenile Myoclonic Epilepsy appears to be easily controlled with medication and lifestyle adjustment with over 80% achieving control. However relapse is common especially with some deviation from a healthy, regular lifestyle, or from withdrawal from the anti-epileptic medication.

Win Me!

s an ongoing tribute to the memory of Stephen Short, Stephen's family has been working hard to raise funds for epilepsy support and seizure awareness.

Presently, with the assistance of Epilepsy Newfoundland and Labrador, the Short family are selling raffle tickets.

First Prize:

A beautiful hand made Newfoundland Quilt
As pictured below, this stunning quilt depicts images traditional to life in Newfoundland and Labrador.
(Baby not included ©)
Valued at \$700.00

Second Prize:

Surprise Basket

Filled to the brim with a variety of prizes and gift certificates. Something for everyone! Valued at \$300.00

Draw Date: December 10th, 2008 Location of Draw: Ascension Collegiate, Bay Roberts

Tickets are \$2.00 each, or three for \$5.00. If you are interested in purchasing tickets on these great prizes, please get in touch with us here at the Epilepsy office by calling 722-0502 or 1-866-EPILEPSY.



Off The News Wire

Epilepsy Increases Drowning Risk

People with epilepsy appear to have a significantly higher risk of drowning compared to people without the condition, the results of a new study indicate.

Previous studies have shown a higher risk of drowning among people with epilepsy, most likely due to seizures. However this study is one of the first to show exactly how high this risk may be.

Researchers compiled information from 50 epilepsy studies carried out around the world, which followed participants for the equivalent of more than 200,000 patient years. They also looked at population data and national registries to determine how many drowning deaths had occurred.

They found that a total of 88 people with epilepsy died by drowning. However if the rates found in the general population had applied, just 4.7 deaths by drowning would have been expected.

The study showed that people with epilepsy had a 15-19 times higher risk of drowning compared to people who did not have epilepsy. That risk was highest in people with epilepsy and a learning disability, those in institutional care and those who had undergone brain surgery but were not seizure-free.

"It is important that people with epilepsy and their caregivers take steps to prevent these tragedies. People with active epilepsy should shower instead of bathe, take medication regularly to control seizures and should have direct supervision when swimming," explained study author, Dr Ley Sander of the University of London Institute of Neurology.

The study also found that this increased risk of drowning may not be as great in children with epilepsy when compared with adults. However this may simply be due to the fact that children are more likely to be better supervised when swimming, the researchers said.

Details of these findings are published in the medical journal, Neurology.

Bone Loss in Older Men

se of certain seizure drugs called non-enzymeinducing antiepileptic drugs/NEIAEDs (clonazepam, ethosuximide, gabapentin, and others) raises the risk of bone loss in older men, new research indicates.

In the journal Neurology, Dr. Kristine E. Ensrud, from the VA Medical Center, Minneapolis, Minnesota, and colleagues point out, "antiepileptic drug use may be associated with higher rates of bone loss because (the drugs) may have adverse effects on bone metabolism. On the other hand, antiepileptic drug use may be a marker of factors such as poor health...that are associated with greater rates of bone loss."

In 4,222 older men enrolled in the Osteoporosis Fractures in Men study, the researchers analyzed use of NEIAEDs and enzyme-inducing antiepileptic drugs or EIAEDs (carbamazepine, phenytoin, phenobarbital, and others). They also measured subjects' bone thickness at the hip when the study began and again 5 years later.

During follow-up, bone thickness fell to a greater extent in NEIAED users than in EIAED users or in men who didn't use seizure drugs at all.

"Our results suggest that NEIAED use is associated in a graded manner with rates of hip bone loss in older men with lower rates of loss among nonusers of antiepileptic drugs, intermediate rates of loss among intermittent users, and high rates of loss among continuous users," the authors write.

They added, "These findings are supported by prior studies reporting higher fracture rates among NEIAED users compared with nonusers of antiepileptic drugs or a similar fracture risk between patients taking NEIAEDs versus those taking EIAEDs."



We're bringing epilepsy into the light with our lavender wristband, with OUT OF THE SHADOWS on one side, and our national website, www.epilepsymatters.com on the other.

We only have a few wristbands left.

Get yours for only \$3.00 from Epilepsy Nf. & Lab. Every penny stays right here to help people dealing with epilepsy and seizures everyday.

Announcements and Notices



Walk-A-Thons have you going around in circles?
Canvassing leave you out in the cold?
We have a way to help that might just be your cup of tea!

Join with us by hosting one of the most relaxing fundraisers ever

The 5th Annual

Christmas Tea for Epilepsy!

Gather your friends, family, the folks from work, or anyone you like. Then sit back, relax, and enjoy a cup of tea on us, any time during the weeks of December $1^{\text{st}} - 19^{\text{th}}$, 2008.

We will provide the tea, goodies, information about seizures, and you provide the good will and community spirit. It's that easy.

In return, you can do one of several things:

- Share the goodies over a tea break, and have everyone contribute a loonie or twoonie.
- Make a direct donation from your family, company or staff social fund, and offer the tea and sweets to all.
- ✓ Raffle the basket off, and donate the proceeds to us.
- ✓ Or buy one directly as a gift to give someone special.

Every individual or group that participates will also be included in our Tea Folk Hall of Fame, which will be posted on our website at www.epilepsynl.com, as well as mailed to several hundred homes in our January newsletter.

More than 10,000 people in Newfoundland and Labrador have epilepsy, and at least one in every ten of us will have at least one seizure in our lifetime. Epilepsy Newfoundland & Labrador is the only epilepsy association in our Province, and we are working hard to provide information, advocacy, support and education to anyone who needs assistance. With your cup of tea, we can do even more.



Getting involved is easy - give us a call or send an email letting us know how many people you would like to have tea for, and when you would like to hold it. If you have any questions at all, feel free to get in touch.

Happy Sipping!

Epilepsy Scholarships

Did you know Epilepsy Newfoundland and Labrador offers two \$1000 scholarships annually, to our members?

- **The Jim Hierlihy Memorial Scholarship** for students just graduating from high school and moving on to post-secondary education.
- **The Mature Student Scholarship** For individuals 21 and older who have decided to return to school to upgrade or change their career.

Deadline for submissions is **November 1**st!



Calendar Campaign



Our Calendar Campaign is underway! For a donation of \$20 or more to Epilepsy Newfoundland and Labrador, we will be happy to send you our 2009 Pocket Calendar with artwork by grade 4 children from all over our province.

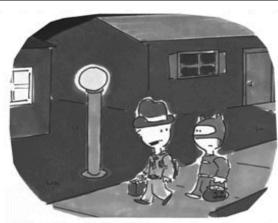
The 2009 calendar includes artwork from kids at the following schools:

- * Gander Academy, Gander
- * William Gilbert Academy, Charlottetown
- * E.A. Butler All Grade, McKay's
- * Amos Comenius Memorial, Hopedale
- * Holy Family Elementary, Chapel Arm
- * Sprucewood Academy, Grand Falls Windsor
- * St. Bernard's Elementary, Witless Bay
- * St. Paul's Elementary, L'Anse au Loup
- * Fortune Bay Academy, St. Bernard's
- * St. Gerard's Elementary, Corner Brook
- * St. Theresa's Elementary, Port au Choix
- * Helen Tulk Elementary, Bishop's Falls * Hampden Academy, Hampden

Epilepsy Newfoundland and Labrador would like to extend sincere thanks to our corporate sponsor The Telegram, for their continued support.

To get your 2009 Epilepsy Calendar, call our office at 722-0502 or toll free 1-866-EPILEPSY (374-5377).

A Little Time Out



"All year long it's 'Don't take candy from strangers", and now this!"

Each evening bird lover Tom stood in his backyard, hooting like an owl. One happy night (for Tom), an owl called back to him. For a year, Tom and his feathered friend hooted back and forth. He even kept a log of the "conversation."

Just when Tom thought he was on the verge of a breakthrough in interspecies communication, his wife had a chat with her next door neighbor.

"My husband spends his nights calling out to owls," she said.

> "That's odd," the neighbor replied. "My husband does too."

Then it dawned on them.

LONG WEEKEND?

0

Bill showed up for work on Monday only to discover that the Epilepsy van was in the shop for repairs.



He was told that it would be ready two days after the day before the day after tomorrow. When will the van be fixed so Bill can come back to work?

> Just because you make a mistake doesn't mean you are a mistake. - Georgette Mosbacher

"Doctors at a hospital in St. John's have gone on strike. Hospital officials say they will find out what the Doctors' demands are as soon as they can get a pharmacist over there to read the picket signs."

Sleeping With The Enemy by Linda Green

A bed can be seen as a refuge, an eight-hour break, But it's risky for me because of Nature's mistake, When it comes to my health, I come out somewhat shorter, My world is affected by a seizure disorder.

It is epilepsy - a brain that misfires, And when it short circuits, it affects my desires, Most devastating is a lack of control. And at times I have felt that it means I'm not whole.

CT scans were normal - yet this thing is still there, My seizures start with an aura comprised of great fear, It's a sinking feeling like I am soon going to die, Then on the floor or the carpet is where I will lie.

But my epilepsy is of only one kind, It means during hours of slumber I am in a bind, Those electrical impulses adjacent to sleep, Means there's a vigilance that I'm forced to keep.

A Lifeline device means if I act really quick, Emergency services can be told I am sick, And at that time I'm reduced to a terrified child. Regardless if seizures are bad or just mild.

In an eerie slow motion I roll off the bed, Praying this time I will not hit my head, I have awoken with blood; I've bitten my tongue, And then trying to eat for a while isn't fun.

As a child my parents were not far away, And on yellow alert at night they would stay, When I awoke to an aura, I'd knock on the wall, They'd run and protect me so I wouldn't fall.

This epilepsy's nocturnal - during sleep and at night, Which means I fear slumber which just isn't right, Going to bed should not be a roll of the dice, And when afraid I stay up though fatigue does entice.

When I do have a seizure, I fight for my breath, With the lack of control, it's then I fear death, I feel I'm possessed though of course that's not true, Nature stealing my options until it is through.

Seizures as well leave headaches severe, But if epilepsy were human, it just wouldn't care, So I sleep with the enemy, my biological foe, And if I could, I would tell it just where it can go.

True, I have managed to work and to write, And am blessed that during daytime there isn't a fight And although I'll never get rid of what's amiss in my brain, I'll wait 'til it passes and just start again.

Epilepsy Newfoundland and Labrador Annual General Meeting

All eligible members are invited to attend the 2008 Annual General Meeting of Epilepsy Newfoundland and Labrador on November 26th, 2008 at 7:30 p.m.



"All members whose membership fees have been paid 30 days prior to the meeting shall be entitled to attend such meeting and to vote thereat."

If you have not paid your membership fee for this year, please do so before October 26th, in order to be eligible to participate in our upcoming AGM.

For members in the St. John's area, the meeting will be held at the Epilepsy NL offices at 26 O'Leary Avenue.

For members outside the city, we are pleased to provide a teleconference connection to anywhere in the province so that everyone who wishes to participate can do so. Please let us know by November 21st if you wish to be connected by teleconference for the AGM.

If you have any questions or concerns, or would like to find out about the nominations process for electing board members please contact

Pam Anstey
Phone: 709-722-0502 or 1-866-epilepsy (374-5377)
Email: info@epilepsynl.com

You know today is Monday, therefore the day after tomorrow would be Wednesday. The day before that would be Tuesday and two days after Tuesday would be Thursday.

Bill would need to come back on Thursday. To figure it out start at the end of the sentence.

Long Weekend?

I am only one,
But still I am one.
I cannot do everything,
But still I can do something;
And because I cannot do everything
I will not refuse to do the something that I can do.
- Edward Everett Hale

I Would Like To Help in the Fight Against Epilepsy

 □ I am enclosing a donation of \$		
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If you would prefer to use your credit card, please complete the following:		
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Signature:	Date:	

Clip and mail this form to Epilepsy Newfoundland and Labrador - 26 O'Leary Avenue, St. John's, NL A1B 2C7