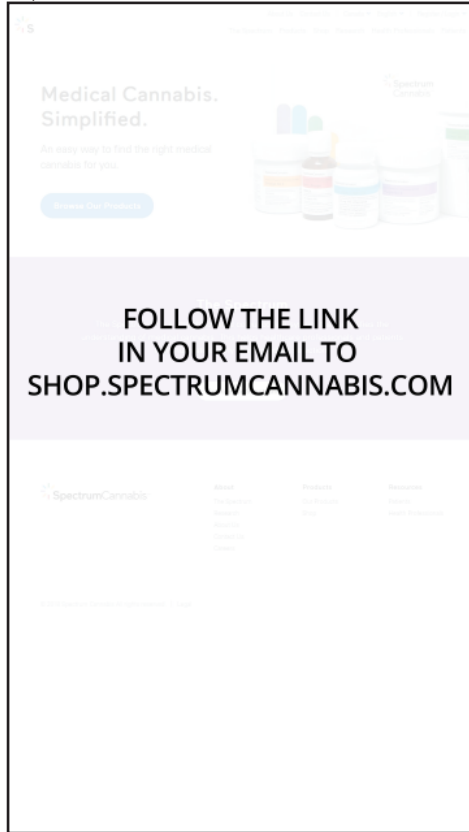
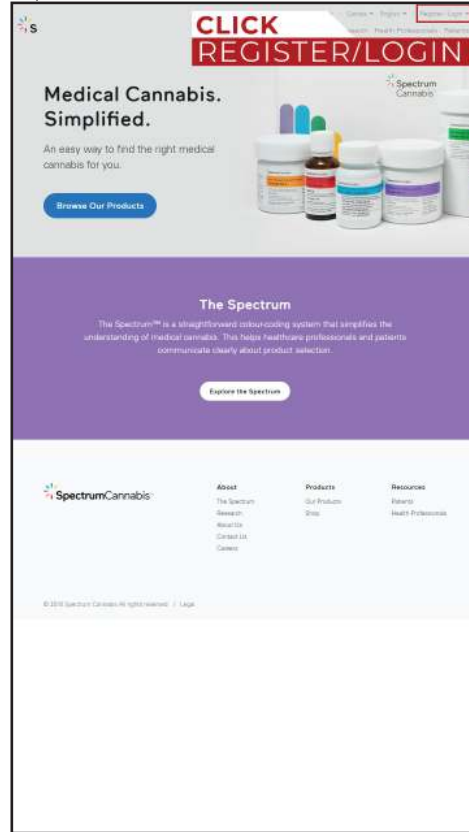


Spectrum Registration Walkthrough

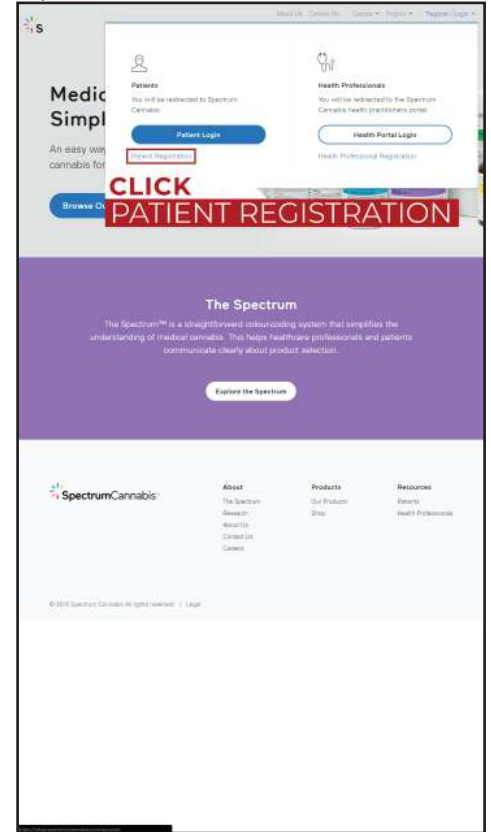
Step 1



Step 2



Step 3



Spectrum Registration Walkthrough

Step 4

Step 1: Create Your Account

Patient Registration Application

ENTER YOUR INFORMATION

Account Setup

First Name: Last Name:

Email Address:

Password (8 characters minimum):

[View our privacy policy](#)

[Create My Spectrum Account](#)

By confirming that I am a resident of Canada, you irrevocably consent to the collection, use, and disclosure of my personal information in accordance with the Spectrum Cannabis Terms of Service and Privacy Policy.

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Step 5

Step 1: Create Your Account

Patient Registration Application

Register here. Our expert customer care team can answer any questions you have.

Account Setup

First Name: Last Name:

Email Address:

Password (8 characters minimum):

ACCEPT CONSENT

By confirming that I am a resident of Canada, you irrevocably consent to the collection, use, and disclosure of my personal information in accordance with the Spectrum Cannabis Terms of Service and Privacy Policy.

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Step 6

Step 1: Create Your Account

Patient Registration Application

Register here. Our expert customer care team can answer any questions you have.

Account Setup

First Name: Last Name:

Email Address:

Password (8 characters minimum):

CLICK CREATE

By confirming that I am a resident of Canada, you irrevocably consent to the collection, use, and disclosure of my personal information in accordance with the Spectrum Cannabis Terms of Service and Privacy Policy.

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Spectrum Registration Walkthrough

Step 7

ENTER **Form**
YOUR INFORMATION

Applicant Information

The Applicant is the person who the medical cannabis is for:

Male Female Unchecked

Date of Birth: (DD/MM/YYYY)

Telephone*

Applicant First Name*

Applicant Last Name*

Email Address*

Type of Residence

Address*

Art. sale, etc. (optional)

Gender

Province

Postal code*

PSN (opt)

Mailing Address

In the applicant's mailing address the same as the applicant's residence?

Yes (mailing address is the same as the applicant's address) No (applicant has an alternate mailing address)

Shipping Information

Where will we be shipping the medical cannabis?

To Residence Address To Shipping Address To My Healthcare Provider

Tweed Main Street Shops

I would like reviews of a Tweed Main Street Shop

Contact Preferences

By completing this registration form, you give us permission to communicate with you via your listed email address so that we can provide you with information related to your account and purchases.

Please indicate if we may also contact you by:

Phone
 Mail at your Residence
 Mail at your Mailing Address
 We may also email you regarding product availability or to provide other updates

Additional Programs

I am a Canadian Forces Veteran
 I would like to apply for Compassionate Pricing

By signing this registration form, you give us permission to send medical cannabis and your registration information to the Shipping Address provided. You also give us permission to communicate with you via your listed email address so that we can provide you with information related to your account and purchases. If you do not provide an email address, we will be happy to assist you with placing an order over the phone.

We need you to sign here verifying that:

- you are ordinarily a resident in Canada.
- the information in this application and the accompanying Medical Document and/or Registration Certificate is accurate and complete.
- the Medical Document and/or Registration Certificate is not being used to seek or obtain cannabis products from another source.
- the valid Medical Document and/or Registration Certificate accompanies this application, and
- you will use cannabis products only for your own medical purpose.

You acknowledge you will be registered customer of Tweed Inc., a Licensed Producer under the Access to Cannabis for Medical Purposes Regulations (ACMPR). You also acknowledge that you have read and agree to the Spectrum Cannabis Terms of Service and Privacy Policy, available at SpectrumCannabis.com. You further acknowledge that medical cannabis is not approved for use as a drug in Canada, that its production, safety and risks have not been adequately studied and the appropriate dosage is unclear. You acknowledge and agree that you are using any medical cannabis product obtained from Spectrum Cannabis at your own risk, and release Spectrum Cannabis from any and all actions, claims, complaints and demands for damages, loss, liability or injury (including arising directly or indirectly as a consequence of the use of medical cannabis obtained from Spectrum Cannabis). Spectrum Cannabis makes no representations and gives no warranties or conditions, whether express or implied, including, without limitation, any warranties or conditions of merchantability, representability, quality, durability, or fitness for a particular purpose, all of which are hereby disclaimed. That said, Spectrum Cannabis takes its product quality very seriously, as well as its obligations under the ACMPR to investigate all customer complaints. If at any time you have an issue with your Spectrum Cannabis medicine, we encourage you to get in touch with us.

Step 8

ENTER **Form**
YOUR INFORMATION

ENTER SIGNATURE

ENTER SIGNATURE

Sign Here

Review

Step 9

ENTER **Form**
YOUR INFORMATION

ENTER SIGNATURE

CLICK REVIEW

Review



Spectrum Registration Walkthrough

Step 10

Registration Form
Please review your details

Applicant

Applicant First Name: John
Applicant Last Name: Doe
Email Address: john.doe@hmed.com
Date Of Birth: DDMMYY (01/01/2000)
Telephone: 555-555-0000
Special Residence: 12345678
Address: 2133 Park St
City: Oak Creek
Postal Code: R7N 1A4
Province: ON

Mailing Address
Same as residence address.

Shipping
Ship to Residence Address

[Go back](#) [Finish](#)

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Step 11

Hello John, welcome to Spectrum Cannabis.

YOUR REGISTRATION IS COMPLETE

Step 1: Create Spectrum Account

Step 2: Register as a patient

Step 3: Talk to your doctor
In order to become a registered medical cannabis patient in Canada, patients must consult with their doctor to acquire a valid prescription. The doctor must submit the completed form directly to Spectrum Cannabis.
We're so excited to bring the Supplemental Form to the doctor to speed things up.

[Find a Provider](#)

Account Details [Edit Details](#) [Change Password](#)

Full Name: John Doe
Email: john.doe@hmed.com
Consent Method: Email

Shipping Address

2133 Park St, Oak Creek, ON, R7N 1A4, Canada

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Step 12

Hello John, welcome to Spectrum Cannabis.

CHECK YOUR EMAIL FOR YOUR CLIENT ID ALONG WITH CONFIRMATION FROM SPECTRUM.

HARVEST MEDICINE WILL SEND YOUR MEDICAL DOCUMENT TO SPECTRUM WITHIN 24 HOURS OF YOUR APPOINTMENT.

REGISTRATION TAKES 3-7 BUSINESS DAYS, BUT CAN OFTEN BE FASTER. ONCE COMPLETE, SPECTRUM WILL EMAIL YOU LOGIN INFORMATION TO ACCESS THE ONLINE STORE.

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