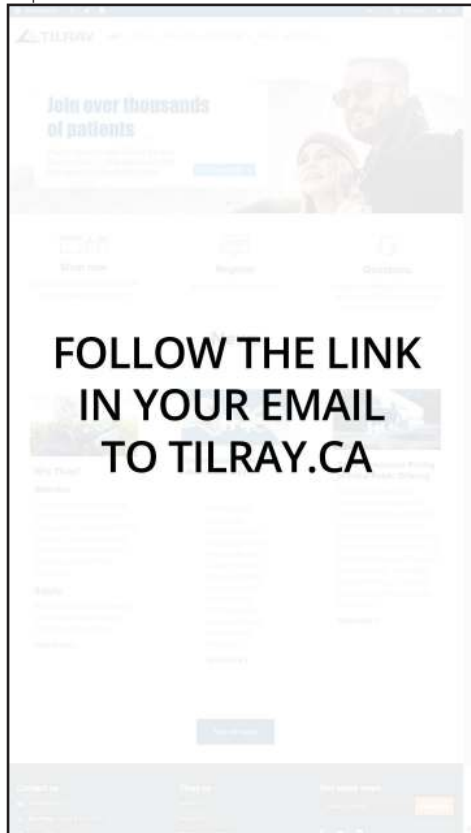
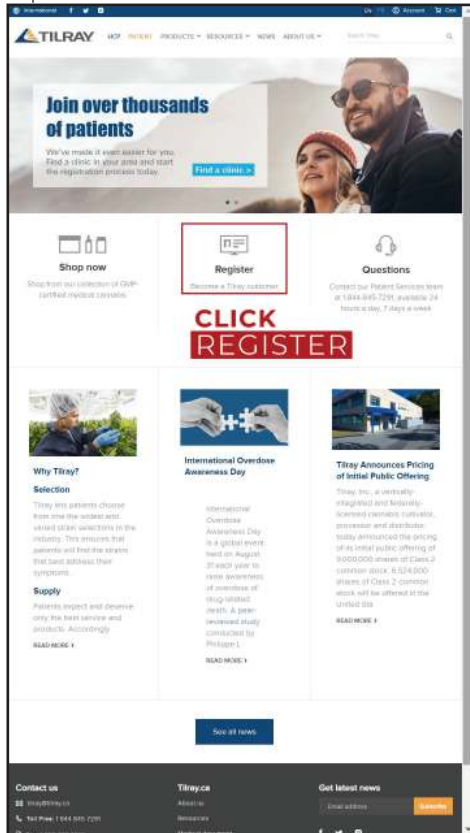


# Tilray Registration Walkthrough

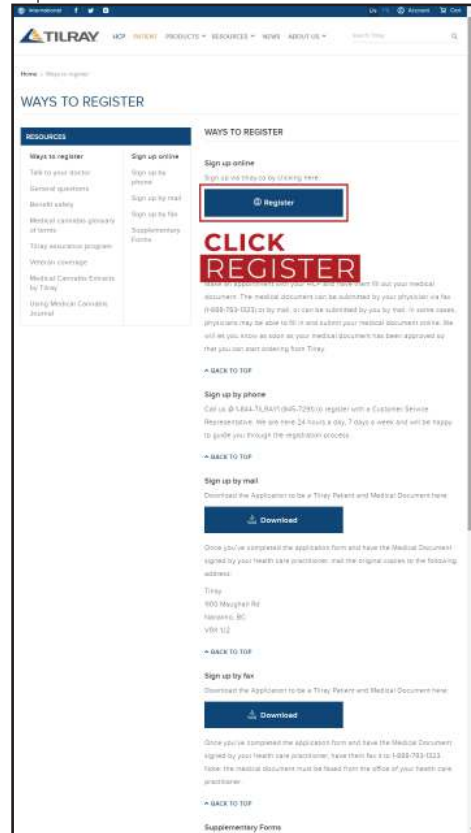
## Step 1



## Step 2



## Step 3



# Tilray Registration Walkthrough

Step 4

International English Français Account

TILRAY PRODUCTS RESOURCES NEWS ABOUT US

Sign In To Your Account  
Welcome back!

Email/Address  
Password

Sign In To Your Account

CLICK SIGN UP

Contact Us Tilray.ca About Us Resources Basic Patient Application and Medical Document Additional Application Documents News Careers

Step 5

International English Français Account

TILRAY PRODUCTS RESOURCES NEWS ABOUT US

Create Your Account  
With an account, you can purchase medical cannabis from Tilray or receive cannabis for patients in your care.

I'm a Patient  
 I'm a Caregiver  
 I'm a Health Care Practitioner

First Name Surname  
John Doe

Email  
address@domain.com

Phone  
555-555-5555

Password  
Sex & Password

ENTER YOUR INFORMATION

I agree to receive news, promotions and other communications from Tilray about products and services I think I may be interested in. You can withdraw your consent at any time. 1180 Bloughen Road, Nanaimo, BC V9S 1J2 www.tilray.ca.

Create Account

By submitting this form, you agree to Tilray's [Terms and Conditions](#), [Privacy Policy](#) and [Social Media Policy](#).

Contact Us Tilray.ca About Us Resources Basic Patient Application and Medical Document Additional Application Documents News Careers

Step 6

International English Français Account

TILRAY PRODUCTS RESOURCES NEWS ABOUT US

Create Your Account  
With an account, you can purchase medical cannabis from Tilray or receive cannabis for patients in your care.

I'm a Patient  
 I'm a Caregiver  
 I'm a Health Care Practitioner

First Name Surname  
John Doe

Email  
address@domain.com

Phone  
555-555-5555

ACCEPT CONSENT

I am 18 years old or older.  
 I am a resident of Canada.  
 I agree to Tilray's Terms and Conditions, Privacy Policy and Social Media Policy.  
 I agree to receive news, promotions and other communications from Tilray about products and services I think I may be interested in. You can withdraw your consent at any time. 1180 Bloughen Road, Nanaimo, BC V9S 1J2 www.tilray.ca.

Create Account

By submitting this form, you agree to Tilray's [Terms and Conditions](#), [Privacy Policy](#) and [Social Media Policy](#).

Contact Us Tilray.ca About Us Resources Basic Patient Application and Medical Document Additional Application Documents News Careers



# Tilray Registration Walkthrough

Step 7

International English Français Account

TILRAY PRODUCTS RESOURCES NEWS ABOUT US

### Create Your Account

With an account, you can purchase medical cannabis from Tilray or receive cannabis for patients in your care.

I'm a Patient  
 I'm a Caregiver  
 I'm a Health Care Practitioner

First Name:  Surname:

Email:

Phone:

Password:

Strong [Show password \(i\)](#)

I am 18 years old or older.  
 I am a resident of Canada.  
 I agree to Tilray's Terms and Conditions, Privacy Policy and Social Media Policy's.

**CLICK CREATE** Receive communications from Tilray interested in. You can withdraw. (Marketing, DC W9312)

[Create Account](#)

By submitting this form, you agree to Tilray's [Terms and Conditions, Privacy Policy and Social Media Policy](#).

Contact us: Tilray.ca | @shop@tilray.ca | 1-866-945-7291 | Fax: 1-866-765-1522

Resources: Basic Patient Application and Medical Document | Additional Application Documents | News | Careers

Step 8

International English Français Welcome, John Doe Sign Out

TILRAY PRODUCTS RESOURCES NEWS ABOUT US

✓

### Welcome to your new account!

Lets get you set up to purchase in the store. First, we need to know a bit more about you.

STEP 1 OF 3 [Complete Your Profile](#)

**CLICK COMPLETE**

Contact us: Tilray.ca | @shop@tilray.ca | 1-866-945-7291 | Fax: 1-866-765-1522

Resources: Basic Patient Application and Medical Document | Additional Application Documents | News | Careers

Step 9

International English Français Welcome, John Doe Sign Out

TILRAY PRODUCTS RESOURCES NEWS ABOUT US

PAIN | INDIANAS | MENTAL HEALTH

ONKHO NAUSA

### ENTER your Profile YOUR INFORMATION

Gender:  Male  Female

Preferred Language:  English  Français

Contact Preference:  Email  Phone  Mail

Date of Birth: 2000-01-01

Residential Address:   
[Click to edit your address!](#)

Selected Address: 2139 Flako St, Val Caron, QC P3N 1A8

Is this a private residential?  (A residential address is one that is not used for business or other purposes.)  
 Yes  No

Step To: **Residential Address (above)**  
 Shipping Address - Fixed  
 Secondary Address - Fixed

(OPT-OUT) The Applicant consents to receive invitations from Tilray to participate in surveys, studies or other research projects relating to the Applicant's use of Tilray's products or services, which may be conducted by Tilray or by third parties. This research may be directed to improving Tilray's products or services, or to better understanding the medical uses of marijuana products, generally. Participation in any such research project will be entirely voluntary and the Applicant's personal information will not be used or disclosed in any such research project without the Applicant's explicit consent. The Applicant may withdraw consent to receive such invitations at any time by contacting us by email at [privacy@tilray.ca](mailto:privacy@tilray.ca), by mail at: Tilray (after hours), Ltd., P.O. Box 50225, Southgate Mall P.O. Box, Vancouver, BC V7B 0G6, or by telephone at 1-866-765-1522.

[Save Profile](#)

Contact us: Tilray.ca | @shop@tilray.ca | 1-866-945-7291 | Fax: 1-866-765-1522

Resources: Basic Patient Application and Medical Document | Additional Application Documents



# Tilray Registration Walkthrough

Step 10

The screenshot shows the 'Your Profile' page on the Tilray website. The user is prompted to 'Tell us a bit more about yourself'. The form includes fields for Gender (Male/Female), Preferred Language (English/Français), Contact Preference (Email/Phone/Mail), and Date of Birth (2006-01-01). A 'Residential Address' field is populated with '2139 Fluke St'. Below this, there is a consent section with a 'CLICK SAVE' button and a 'Save Profile' button at the bottom.

Step 11

The screenshot shows a confirmation page with a green checkmark icon. The text reads: 'Great, your profile is complete! Next, we need you to submit an official medical document from your health care practitioner.' Below this, a large red banner says 'YOUR REGISTRATION IS COMPLETE'. At the bottom, there is a footer with contact information for Tilray, including a phone number (1-866-845-7291) and a list of services like 'Basic Patient Application and Medical Document'.

Step 12

The screenshot shows a final instruction page with a green checkmark icon. The text reads: 'Great, your profile is complete! Next, we need you to submit an official medical document from your health care practitioner.' Below this, it says 'STEP 2 OF 3' and 'Submit A Medical Document'. The main message is: 'CHECK YOUR EMAIL FOR YOUR CLIENT ID ALONG WITH CONFIRMATION FROM TILRAY. HARVEST MEDICINE WILL SEND YOUR MEDICAL DOCUMENT TO TILRAY WITHIN 24 HOURS OF YOUR APPOINTMENT. REGISTRATION TAKES 3-7 BUSINESS DAYS, BUT CAN OFTEN BE FASTER. ONCE COMPLETE, TILRAY WILL EMAIL YOU LOGIN INFORMATION TO ACCESS THE ONLINE STORE.' At the bottom, there is a footer with contact information for Tilray, including a phone number (1-866-845-7291) and a list of services like 'Basic Patient Application and Medical Document'.

