

REGISTRATION FORM

Frontiers in Health and Research

Saturday, June 1, 2019
8:30 am – 2:30 pm

Hilton Garden Inn Conference Center
35 Labombard Road, Lebanon, NH 03766
(603) 448-3300

To enroll, please fill out the registration form below and mail with a check for \$20 per person. Registration deadline: May 22, 2019

Please note that space is limited and registration may close before May 22.

Continental breakfast and lunch are included. Please indicate lunch choice for each attendee:



Attendee #1

Name: _____

Address: _____

Town: _____

State, Zip Code: _____

Phone Number: _____

Email: _____

Vegetarian Chicken Fish

Attendee #2

Name: _____

Town: _____ State: _____

Vegetarian Chicken Fish

Attendee #3

Name: _____

Town: _____ State: _____

Vegetarian Chicken Fish

Attendee #4

Name: _____

Town: _____ State: _____

Vegetarian Chicken Fish

Please mail this completed form with a check for \$20 per person made payable to "Hitchcock Foundation" to:

Diane Sherman, PhD
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756

Questions? Contact the Parkinson's Center at DHMC:

(603) 653-6672

Diane.L.Sherman@hitchcock.org