



## Connecticut Parkinson's Working Group Registration Form

	<b>First name</b>	<b>Last name</b>
<b>Self</b>	_____	_____
<b>Partner (*)</b>	_____	_____

**Mailing name** \_\_\_\_\_

The first line on the mailing piece, e.g. John Doe MD, Carol Jones RN, Joe and Amy Smith...

**Address...**

Line 1	_____
Line 2	_____
Line 3	_____
City	_____
State	_____
Zip Code	_____

Please fill out 2 forms when there are two people living at different addresses.

**Do you wish to receive...**

Email Meeting Reminder	[ ]	Yes
USPS Mail Meeting Reminder	[ ]	Yes
Email Newsletter	[ ]	Yes
USPS Mail Newsletter	[ ]	Yes

**Contact information...**

	Self	Partner (*)
<b>Email address</b>	_____	_____
<b>Home phone</b>	_____	_____
<b>Work phone</b>	_____	_____
<b>Cell phone</b>	_____	_____
<b>Fax number</b>	_____	_____

**Please check all that apply...**

Self	Partner (*)	
[ ]	[ ]	<b>Person With Parkinson's</b>
[ ]	[ ]	<b>Medical professional</b>
[ ]	[ ]	<b>Pharmaceutical representative</b>
[ ]	[ ]	<b>Spouse / Caregiver / Family</b>
[ ]	[ ]	<b>Support group leader</b>

**How did you hear about CPWG?** \_\_\_\_\_

**Comments** \_\_\_\_\_

(\*) Optional --- Spouse / Caregiver / Significant other