2006 ARVD Seminar
Registration Form

Name: _____

Address: _____

_____

_____

Phone: _____

Email: _____

Would you like to be notified about future research projects? Yes No

Have you been diagnosed with ARVD? Yes No

Do you have a family member that has been diagnosed with ARVD? Yes No

If so, what is the relationship? _____

Have you attended one of our ARVD seminars in the past? Yes No

Are you interested in participating in research projects while you are here for the seminar?
Yes No

If yes, do you have an ICD? Yes No

Are you staying at the Holiday Inn - Inner Harbor? Yes No

Will you be attending the Meet & Greet at the hotel on the evening of Friday 4/28?
Yes No

Will you be riding the "shuttle" from the hotel to the seminar Saturday morning? Yes No
(We need to have an accurate count to ensure that you have a seat)

If you need any special accommodations please contact Jackie at 410-502-0080 or jkaczmar@jhmi.edu.

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