

*2007 ARVD Seminar
Registration Form
Fax to 410-614-8899*

(Please complete one form per person – feel free to make copies)

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 genetic research by donating a blood sample while you are here for the seminar? Yes No

Do you have an ICD? Yes No

Are you staying at the Holiday Inn - Inner Harbor? 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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