2008 ARVD Seminar
Registration Form
Fax to 443-609-4061

(Please complete one form for each person attending)

Name: _____

Address: _____

_____

_____

Phone: _____

Email: _____

Would you like to be included on our mailing list? 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

If you have not already done so, are you interested in participating in genetic RESEARCH by donating a blood sample during the seminar? Yes No
(This is not for clinical genetic testing.)

Do you have an ICD? Yes No

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

Would you be interested in riding the "shuttle" from the hotel to the seminar Saturday morning? Yes No

Will you be attending the Friday evening meeting with Dr. Samuel Sears? Yes No

Are you interested in sharing your story with others? (presentation at the ARVD seminar or on our website, www.arvd.com) Yes No

If you need any special accommodations please call 410-502-7161 or ctichnell@jhmi.edu

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