

**MICHIGAN PARKINSON FOUNDATION**  
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Please print this form and send by mail or fax after filling in the required information.

### **Program Registration Form**

This information will be maintained only at the MPF office and will not be shared with any other organization, business, and concern.

Have you received information through the mail previously from MPF?

Yes\_\_\_ No\_\_\_

If this is your first contact with MPF, may we place your name on our mailing list for future issues of the Messenger, program announcements, etc?

Yes\_\_\_ No\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone Number (daytime) \_\_\_\_\_ (evening): \_\_\_\_\_

Email address: \_\_\_\_\_