



Connecticut Parkinson's Working Group Registration Form

	First name	Last name
Self	_____	_____
Partner (*)	_____	_____

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...

CPWG newsletter	<input type="checkbox"/> Yes
Meeting reminder card	<input type="checkbox"/> Yes
Telephone call regarding CPWG and / or PD	<input type="checkbox"/> Yes

Contact information...

	Self	Partner (*)
Email address	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
Fax number	_____	_____

Please check all that apply...

	Self	Partner (*)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person With Parkinson's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical professional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical representative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse / Caregiver / Family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support group leader

How did you hear about CPWG? _____

Comments _____

For use by membership recorder _____

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