



2017 Fall Meeting  
Saturday, November 4th, 2017  
Hilton Boston Back Bay Hotel

### Registration Form

Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

#### Registration Fees:

- |   |      |
|---|------|
| <input type="checkbox"/> MNA Member                   | \$25 |
| <input type="checkbox"/> MMS Member                   | \$25 |
| <input type="checkbox"/> Non-Member                   | \$40 |
| <input type="checkbox"/> Resident, Fellow, or Student | FREE |

Enclosed is my check, made payable to the  
Massachusetts Neurologic Association  
for \$\_\_\_\_\_.

#### Please return this form to:

Massachusetts Neurologic Association  
PO Box 549132  
Waltham, MA 02454-9132

#### For additional information, please contact:

Miguel Ocque, Administrator  
Email: [mocque@mms.org](mailto:mocque@mms.org)  
Phone: (781) 434-7314  
[www.massneuro.org](http://www.massneuro.org).



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