



MNA's 2020 Fall Meeting  
Saturday, Oct 31<sup>st</sup>, 2020  
(Online event)

**Registration Form**

Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Registration type:**

- |  |      |
|--|------|
| <input type="checkbox"/> MNA Physician Member (active)   | Free |
| <input type="checkbox"/> MNA Senior Member   | Free |
| <input type="checkbox"/> MMS Member (physician)  | \$15 |
| <input type="checkbox"/> AAN Member (physician)  | \$15 |
| <input type="checkbox"/> Allied Health Professional (PA, NP, RN, other)                                | Free |
| <input type="checkbox"/> Non-Member physicians   | \$25 |
| <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Med Student | Free |

**Please complete and return this form and applicable payment to:**

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

Check # \_\_\_\_\_ for \$ \_\_\_\_\_ is enclosed

**For additional information, please contact:**

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(781) 434-7314 [www.massneuro.org](http://www.massneuro.org)



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