

ENDORSED MEETINGS APPLICATION

| Title of Meeting: | | |
|---|--|---|
| Primary Organizer: | | |
| Name: | | |
| Address: | | |
| Phone: | Fax: | _ |
| Email: | Website: | |
| Date(s) of Meeting: | | |
| | | |
| | | |
| | | |
| Estimated Attendance: | | |
| Meeting: (please attach an explanation, | brochures, flyers, programs, faculty etc.) | |
| Mechanism of Meeting Announcement: | | |
| | | |
| Signature: | Date: | |

Please return to:

International Parkinson and Movement Disorder Society 555 East Wells Street, Suite 1100, Milwaukee, WI 53202 USA

Telephone: +1 414-276-2145 Fax: +1 414-276-3349

E-mail: pfierst@movementdisorders.org