



*The Movement Disorder Society*

## ENDORSED MEETINGS APPLICATION

Title of Meeting: \_\_\_\_\_

Primary Organizer: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Web site: \_\_\_\_\_

Date(s) of Meeting: \_\_\_\_\_

Meeting Site: \_\_\_\_\_

**Meeting Organizer**  
(agency, if any): \_\_\_\_\_

**Estimated Attendance** \_\_\_\_\_

Proposed Meeting: Please attach an explanation, funding sources, program(s), faculty, brochure(s), flyer(s), etc.

Mechanism of Meeting Announcements (please describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please return to: **The Movement Disorder Society**  
**International Secretariat**  
**555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823 USA**  
**Telephone: +1 414-276-2145**  
**Fax: +1 414-276-3349**  
**E-mail: [pkane@movementdisorders.org](mailto:pkane@movementdisorders.org)**