**The Muscle Health Research Centre at York University presents the**

**6th Annual Muscle Health Awareness Day (MHAD6) **

**Please fill out the form below. Once completed, save the file, and then email the completed form as an attachment to** **mhrc@yorku.ca** **to register for and/or submit an abstract for MHAD6. You will receive an email confirmation from the MHRC Centre Coordinator confirming your successful registration and/or abstract submission.**

**Please fill out all of the following fields contained within this box (required):**

**Last Name:** Click here to enter text. **First Name:** Click here to enter text.

**University:** Click here to enter text. **Supervisor:** Click here to enter text.

**Current Degree Program (click the appropriate box):**

**Undergraduate** [ ]  **Master’s Degree** [ ]  **Doctoral Degree** [ ]

**Post-doctoral fellow** [ ]  **Other** [ ]  **(please specify)** Click here to enter text.

**Email Address:** Click here to enter text.

**Will you be attending breakfast and/or lunch (click appropriate boxes):**

**Breakfast Yes** [ ]  **No** [ ]

**Lunch Yes** [ ]  **No** [ ]

**Are you submitting an abstract? Yes** [ ]  **No** [ ]

**Please fill out the fields below ONLY IF YOU ARE SUBMITTING AN ABSTRACT FOR A POSTER PRESENTATION. The information you include below will be included in the official proceedings of MHAD6.**

**Abstract Title:** Click here to enter text.

**Authors:** Click here to enter text.

**Author Affiliations:** Click here to enter text.

**Abstract text (no figures are permitted):** Click here to enter text.