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

**7th Annual Muscle Health Awareness Day (MHAD7)**

****

**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 MHAD7. If you are having issues filling out the form below, please submit the below required information in the body of the text of an email. 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 MHAD7.**

**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.