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

**8th Annual Muscle Health Awareness Day (MHAD8)**

****

**Please fill out the form below. Once completed, save the file, and then email the completed form as an attachment to** [**mhrc@yorku.ca**](mailto:mhrc@yorku.ca) **to register for and/or submit an abstract for MHAD8. 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 to the above address. 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 MHAD8.**

**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.