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

**9th Annual Muscle Health Awareness Day (MHAD9)**

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**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 MHAD9. 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.

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**Undergraduate  Master’s Degree  Doctoral Degree**

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

**Breakfast Yes  No**

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