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

**12th Annual Muscle Health Awareness Day (MHAD12)**

****

**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 MHAD12. You will receive an email confirmation from the MHRC Coordinator confirming your successful registration and/or abstract submission.**

|  |
| --- |
| **For Faculty and Non-Students: Please fill out all the following fields** |
| **Last Name:** Click here to enter text. **First Name:** Click here to enter text. **Affiliation:** Click here to enter text. **Email:** Click here to enter text. |

**For students and Post-doctoral fellows: Please fill out all of the following fields below (Required):**

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

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

**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:**

**Are you submitting an abstract for this publication in MHAD Proceedings? Yes** [ ]  **No** [ ]

**Would you like this Abstract to be considered for an Abstract Award and Presentation via Zoom? Yes** [ ]  **No** [ ]

**Please fill out the fields below to submit an abstract and follow the formatting instructions beside the text box. Use Times New Roman text, 12 pt font, and lower case text except for the title. A sample for formatting is provided here.**

**The information you include below will be included in the official proceedings of MHAD12.**

**Abstract Title (**all CAPS**):**

**Authors (Bold):**

**Author Affiliations:**

**Abstract text (no figures, no Bold):**