

## Support Group Registration Card

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (other)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What contact information, if any, may be shared with group members?

E-Mail  Phone  Address  None

Would you like to share your email address in order to receive periodic news and information from the Vestibular Disorders Association?

Yes  No

*\*Your information will remain confidential and not be shared with anyone without your express permission.*

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