

**REGISTRATION INFORMATION "The Parkinson Journey: From Diagnosis to Treatment to Cure"  
Educational DVD**

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Address of Practice:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specialty** \_\_\_\_\_

**How many Parkinson patients are seen in your practice?** \_\_\_\_\_

***To be completed by WU staff:***

**Level of Community Partner Education** \_\_\_\_\_