

Registration Form

Massachusetts Eye and Ear, Voice & Speech Laboratory
**Advanced Seminar in Myofascial Release for Neck, Voice, &
Swallowing Disorders**

Presenter: Walt Fritz

September 7 – 8, 2019

Name: _____

Email: _____

Address: _____

Phone: _____

Early Registration
(before August 3, 2019)

___ \$495

Regular Registration
(after August 3, 2019)

___ \$550

We will provide light snacks in the morning and mid-afternoon; lunch is on your own.

Mail Your Registration To:

Barbara Wilson Arboleda, MS CCC-SLP
Massachusetts Eye & Ear
Voice & Speech Laboratory
243 Charles Street, 11th floor
Boston, MA 02114

Phone: 617.573.4050

Fax: 617.573.4060

Barbara_Wilson@meei.harvard.edu