



Brain Donor Registration Form for the Dystonia Brain Collective

Thank you for your commitment to become a brain donor. Please provide the following information and return the form to the address below. The NSDA will record your decision to be listed as a brain donor with the Harvard Brain Tissue Resource Center and submit your registration information to them. In addition, we will send you a wallet card along with contact information for the Harvard Brain Bank.

Donor Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Date of birth: _____

Neurologic diagnosis (if applicable): _____

Next-of-Kin Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Relationship to Donor: _____

Please return this form to:
National Spasmodic Dysphonia Association
300 Park Boulevard, Suite 415
Itasca, IL 60143
Fax: 630-250-4505

If you have any questions, please contact us at 800-795-6732 or NSDA@dysphonia.org