



## 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*