



Neuro-Immune Dysfunction Syndromes Research Institute

NIDS Research Institute and Parent Coalition
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YES! I am interested in more information on the NIDS Coalition.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-Mail :** _____

Circle the correct information !

I am a Parent / Patient? I am a Doctor, Nurse, etc / Therapist

My area of expertise is _____

I am interested in the following:

I would like to be involved with the NIDS
Research Institute and Parent Coalition

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Upcoming Events: | Please contact me via |
| <input type="checkbox"/> Treatment Options | <input type="checkbox"/> Phone _____ |
| <input type="checkbox"/> Parent Support Groups | <input type="checkbox"/> Fax _____ |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> E-Mail _____ |

YES!! I would like to help out and support the NIDS effort.

- Here is my Tax-deductible donation to help offset costs:
- I would prefer to make a contribution with my Credit Card.

Credit Card Type _____ Exp _____ Number _____

- Contact me Directly for Donation/Gift Information

Donations can also be made On-Line at www.NIDS.net