



REGISTRATION FORM

EVENT: DUKE MULTIPLE MYELOMA BIKE RIDE

EVENT DATE: July 10, 2010

EVENT START TIME: 50K and 100K @8:00 am, 25K @9:00 am

START LOCATION: Duke Hospital North Pavillion 2400 Pratt Street, Durham 27705

DISTANCE: 25K _____ 50K _____ 100K _____

REGISTRATION FEE: (\$30.00 until July 1, 2010, \$40.00 thereafter)

CHECK # _____ CASH: _____

DONATION:

CHECK#: _____ CASH: _____

**please write check to: Duke University MC, "MM Bike Ride" on memo block*

NAME OF PARTICIPANT: _____

AGE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

NAME OF CONTACT PERSON: _____

RELATIONSHIP: _____

TELEPHONE NUMBER: _____

Mail to: Att. Cristina Gasparetto, DUMC 3961, 2400 Pratt Street Ste 9000, Durham NC, 27705. Or Fax Att. Cristina Gasparetto 919-668-1091