

03/24/2023 Neuro Bowl Team Registration

Neuro Bowl Team Registration Form	
Team Member Name	Unit and Contact #
1.	
2.	
3.	
4.	
5.	
Team Name:	

Please indicate how your team will attend this event:

In Person Attendance Virtual Attendance

Will your team participate in the T-Shirt contest? Yes No

E-mail for Lead Contact person for this group: _____

Send this registration form to: gbcampbe@novanthealth.org or Fax 336-277-8224

Registration Deadline: 01/15/2023

Study material will be sent out once registration form is received to Lead Contact.