



# Annual Conference

Please join us for an educational event on Myasthenia Gravis

## SATURDAY, MAY 12, 2018

Michigan State University  
Radiology Building Auditorium  
Park in Lot #100  
846 Service Rd  
East Lansing, MI 48824  
(see map on reverse)

## RESERVATIONS REQUIRED

\$15 per person

**RSVP by Friday May 4th**

at [www.mg-mi.org](http://www.mg-mi.org)

-OR-

Fill out the form below and mail  
along with your payment

### Mail to:

Myasthenia Gravis Foundation of Michigan  
2660 Horizon Drive SE, Suite 235  
Grand Rapids, MI 49546  
616-956-0622 • [mg-mi.org](http://mg-mi.org)

This event is made possible through the generosity of:



## EVENT SCHEDULE

10:00 am	Registration
10:30 am	 <p><b>Sally O'Meara, R.N.</b> RN and Nurse Educator Managing MG Through Technology</p>
11:00 am	MG-MI Awards and Foundation News
11:15 am	 <p><b>Melanie Taylor, MD</b> Mercy Health Treatment of Myasthenia Gravis: Current and Future</p>
11:45 - 12:15	Lunch (provided)
12:15 pm	 <p><b>Megan Reid, PT, DPT</b> The Recovery Project Considering Building Back Strength even with MG? Learn from a Neurological Recovery Specialist</p>
12:45 pm	 <p><b>Natalie McGill, BSW</b> Chronic Medical Condition Advice and Tips from a Fellow Patient</p>
1:15 pm	Break
1:30 pm	 <p><b>Sejal Tamakuwala, DO OB/GYN</b> Resident at Detroit Medical Center Myasthenia Gravis and Surgery: What a Patient Needs to Know</p>
2:00 pm	 <p><b>Amit Sachdev, MD</b> Assistant Professor; Director of the Division of Neuromuscular Medicine at Michigan State University Clinical Trials</p>
2:30 pm	Closing Remarks

## RESERVATION FORM (Please return by May 4, 2018)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

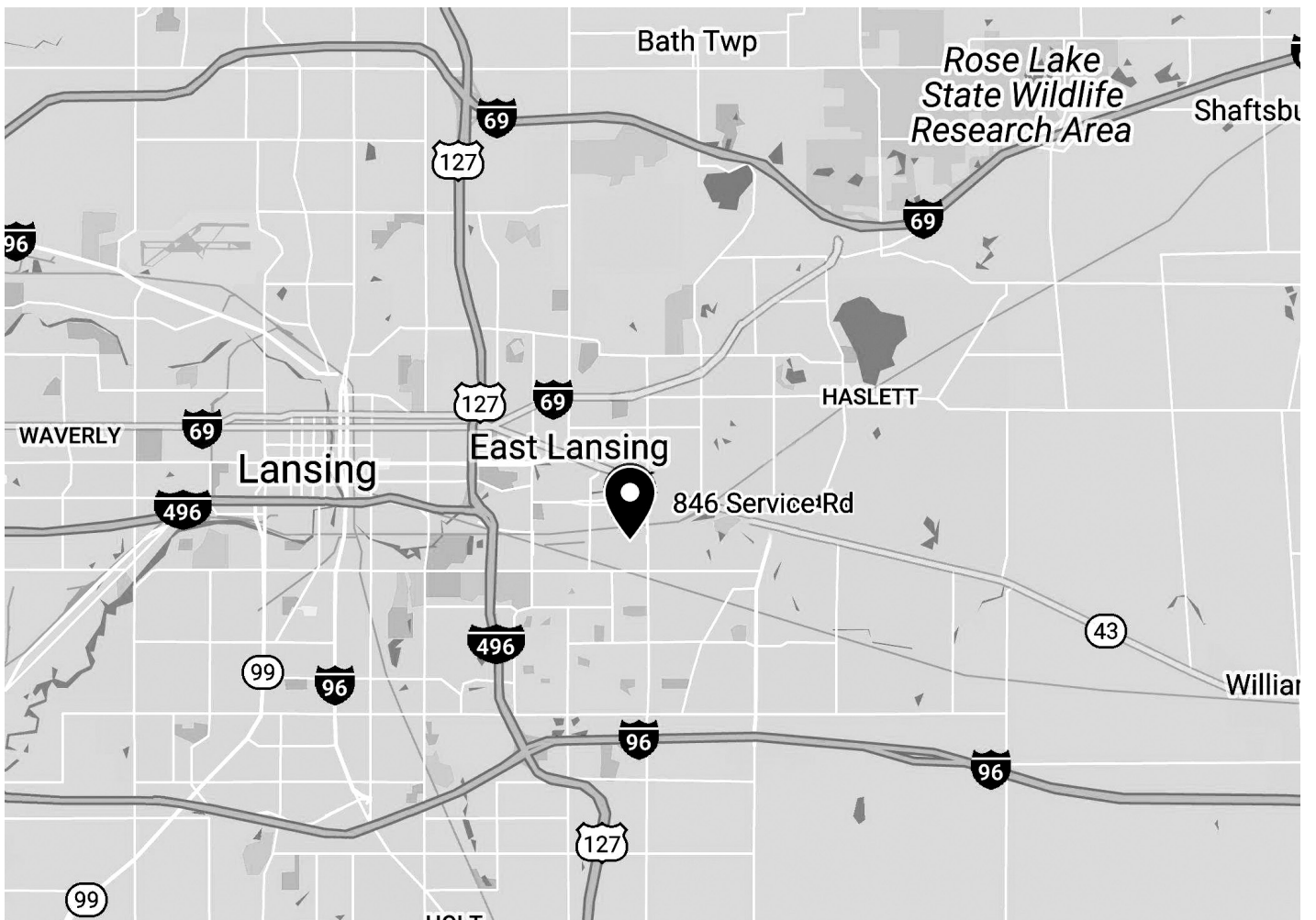
Number of reservations: \_\_\_\_\_ Total amount enclosed (number of reservations x \$15): \_\_\_\_\_

My check payable to Myasthenia Gravis Foundation of Michigan (MGFM) is enclosed

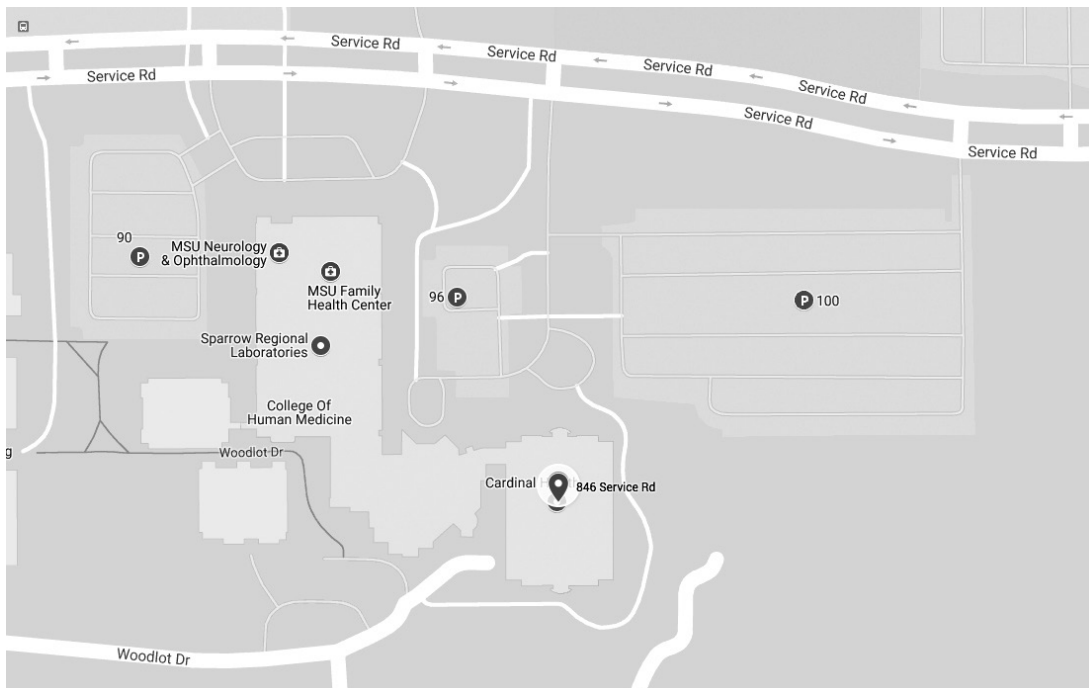
I would like to charge the reservation fee(s) to my credit card:  Visa  Mastercard

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Signature: \_\_\_\_\_



General East Lansing Area



Map Detail - Use Parking Lot 100 (listed as P100 on this map)