WHITTEMORE
PETERSON INSTITUTE
accelerating treatment discovery

Registration Request Form

First & Last Name: ____

Address: ____

Phone: ____________________ Email: ______________________________

☐ I'd like to receive emails from WPI and the Clinic at WPI.

To receive the "Gift of Health for ME" I understand and agree to the following terms and conditions:

1. A $500 payment will be provided directly to Dr. Kenny De Meirleir after my initial appointment.
2. I must be a "new patient" of Dr. Kenny De Meirleir.

______________________________	____________________
Patient Signature	Date
______________________________	____________________
Kenny De Meirleir, PhD	Date

We hope you have a positive experience at the Clinic at WPI. You may hear from a member of WPI's team after your appointment. We truly care about patients like you, and your feedback can help WPI make informed decisions and improve services.