



PLEASE JOIN US FOR OUR  
**ANNUAL MEETING**  
AND EDUCATIONAL PRESENTATION

**WEDNESDAY, NOVEMBER 29, 2017**  
**5:00-8:00 PM**

Museum of disABILITY History • 3826 Main Street, Buffalo, NY 14226

**FEATURED SPEAKER:**  
**JOHN J. LEDDY, MD, FACSM, FACP**  
**PRIMARY SPORTS MEDICINE, UB CONCUSSION CLINIC**

**EVENING'S ITINERARY**

- 5:00 - 5:30pm:** Check-In, Hors d'oeuvres/Refreshments  
**5:30 - 6:30 pm:** Advisory Council/Annual Member Meeting  
**6:30 - 7:30 pm:** Dr. John Leddy - Concussion  
**7:30 - 8:00 pm:** Question/Answer Session, Closing Remarks

**ADMISSION**

General Admission: \$10 • Headway Members: No Charge, including New Members  
*New memberships welcomed now and at the event.*

RSVP by completing and returning the response form on the reverse side of this page  
by Wednesday, November 22, 2017.

*Questions, please call 716.408.3100 or email [support@headwayofwny.org](mailto:support@headwayofwny.org)*



# ANNUAL MEETING AND EDUCATIONAL PRESENTATION

## RESPONSE FORM

Please return completed form to: Headway of WNY, Inc., 2635 Delaware Ave., Buffalo, NY 14216  
or email scanned form to: [support@headwayofwny.org](mailto:support@headwayofwny.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

### Please Select One

- 
- Yes**, I plan to attend, enclosed is my check for \$10.
  - Yes**, I plan to attend and I am a current Member of Headway.
  - Yes**, I plan to attend and would like to become a Member of Headway. I am joining today at the \_\_\_\_\_ level of Membership (see Membership levels and dues amounts at [headwayofwny.org](http://headwayofwny.org)). My check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is enclosed or on its way via postal mail.