**LGMD RESEARCHER:**

**Affiliation:**

**Role or Position** (e.g., Professor, Chair, Director of Center for Muscular Dystrophy, …)**:**

**What education and training did you have to arrive at your current position?**

**What led you to follow a career in research and in studying muscular dystrophy in particular?**

**What topics are you studying?**

**How will your work help patients? Is it more scientific in nature or might it become a treatment for LGMDs or MDs in general?**

**What would you like patients and others interested in LGMD to know about research (your own projects and about the field in general)?**

**What inspires you to continue working in this field?**

**How can patients encourage you and help your work?**

Please send your completed questionnaire, signed release form and a .jpeg photo of yourself

via e-mail to   LGMD.Day@gmail.com

A signed Release Form must also be completed and returned.

Thank You!