Why drive? Why use gas?
The shuttle provides convenient, worry-free, direct transportation to Boston Area Hospitals.
Please fill out and return the attached registration form.

MetroWest Regional Transit Authority
37 Waverly Street
Framingham, MA 01702

Boston Area Hospital Shuttle
Leaving Framingham/Natick
Service provided both to & from the West Roxbury and Jamaica Plain V.A. Hospitals and Longwood Area Hospitals

When: Tuesdays and Thursdays
Cost: $2.00 each way.

* Registration is required.
Please fill out the attached form and mail or fax back to the MWRTA offices at 37 Waverly St., Framingham, MA 01702 or Fax: 1-508-935-2940. Registration forms are also available on our website (www.mwrt.com), at our offices, 37 Waverly St. Framingham, or by calling 508-820-4650.

* The shuttle service is open to anyone wishing to go to any of the hospitals listed on the schedule. Currently, there is no park & ride space available at 37 Waverly St. You will need to be dropped off prior to the shuttle’s departure. However, the shuttle will make a stop on each trip at the Natick VFW Post 1274, 113 West Central St., where there is space available for those who wish to park & ride free of charge.

* The cost of the shuttle is $2.00 each way. You will need to set up fare account prior to using the service. Fares will be charged through a prepay debit system. Value can be added by check, credit card or cash. Payments will not be accepted on the vehicle.

* Once your registration form (attached) is received and you have established a fare account, you may contact the call center to book your trip to your hospital destination.

For more information or to book a trip, please contact the MW Call Center at 508-820-4650.
The schedule will be as follows on both days:

<table>
<thead>
<tr>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Hub (37 Waverly Street)</td>
<td>8:30 AM</td>
</tr>
<tr>
<td>Natick V.F.W</td>
<td>8:35 AM</td>
</tr>
<tr>
<td>West Roxbury V.A.</td>
<td>9:10 AM</td>
</tr>
<tr>
<td>Jamaica Plain V.A.</td>
<td>9:40 AM</td>
</tr>
<tr>
<td>N.E. Baptist</td>
<td>9:48 AM</td>
</tr>
<tr>
<td>Brigham &amp; Women's</td>
<td>9:55 AM</td>
</tr>
<tr>
<td>Dana Farber</td>
<td>10:03 AM</td>
</tr>
<tr>
<td>Beth Israel</td>
<td>10:10 AM</td>
</tr>
<tr>
<td>Joslin Clinic</td>
<td>10:15 AM</td>
</tr>
<tr>
<td>New England Deaconess</td>
<td>10:17 AM</td>
</tr>
<tr>
<td>Jamaican Plain V.A.</td>
<td>11:00 AM</td>
</tr>
<tr>
<td>West Roxbury V.A.</td>
<td>11:05 AM</td>
</tr>
</tbody>
</table>

Please note: This schedule is subject to change. Please be sure you have the most current schedule.

Customer Signature: ______________________

Your SSN for data purposes: ______________________

Are you an active member or veteran of the US military? If yes, please provide the last 4 of your SSN for data purposes.

First Name: ______________________

Last Name: ______________________

Date of Birth: ______________________

Street Address: ______________________

City/Town: ______________________

Apt. Number: ______________________

Phone #: (      )

Relationship: ______________________

Emergency Contact: ______________________

Phone: (      )

Street Zip Code: ______________________

Please list any Mobility Aids: (wheelchair, cane etc.)

Please provide the following information:

MWRTA Boston Area Hospital Shuttle Registration

Revised 3/5/12