

**2008 Stroke Conference Registration Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

E-mail Address: \_\_\_\_\_

Registration: \$25:  Stroke survivor  Family member  Student  General public \$45:  Couple \$75:  Professional

Please indicate discipline for CEUs \*:  Nursing  Social Work

Please indicate one lunch meal preference:  Standard  Vegetarian

Please indicate Choice for: Morning Break Sessions:  Adapted Floor Exercise  Tai Chi  Mindfulness: A

Stress Reduction Strategy  Strategies to Dealing with Low Vision

Afternoon Break Sessions:  Adapted Pool Exercise  Tai Chi  Healthy Eating  Spirituality: Finding

Meaning in Tragedy

Payment Options:  Check (payable to **UTHSC-H**)  MasterCard  VISA \*ONLY credit cards accepted

Return completed registration form with payment to:  
**Joyce Randolph, UTHSC-H School of Nursing, Center on Aging, 6901 Bertner Avenue, SONSCC #632, Houston, TX 77030 or go to the website [http://son.uth.tmc.edu/coa/cares\\_stroke-conf.htm](http://son.uth.tmc.edu/coa/cares_stroke-conf.htm)**

Acct #: \_\_\_\_\_  
Expiration Date: \_\_\_ / \_\_\_ / 20\_\_\_  
Billing Address Zip Code: \_\_\_\_\_  
3-Digit Security #: \_\_\_\_\_ (located on back - signature area)

\*A Certificate of Attendance will be available for all attendees.