



23RD ANNUAL SELENIA E. AND JOSEPH C. VALLEY, SR. CONFERENCE

## Spirituality and Meaning in Aging

Friday, October 2, 2009; 8:00 am to 4:30 pm

The Hilton University of Houston Hotel and Conference Center  
 University Drive Entrance One  
 4800 Calhoun Houston, Texas 77204

### REGISTRATION FORM (complete one form per person)

**PROFESSIONAL REGISTRATION: INCLUDES COST OF CEUs**

- \$75 Single Attendee
- \$70 Group of 5 through 9 attendees [all must register at the same time]
- \$65 Group of 10 or more attendees [all must register at the same time]

**CEU TYPE [choose one only]**

- Nursing
- Social Work
- Activity Director
- Nursing Home Administrator

**COMMUNITY or STUDENT REGISTRATION: NO CEUs AVAILABLE**

- \$50 Single Attendee
- \$45 Group of 5 through 9 attendees [all must register at the same time]
- \$40 Group of 10 or more attendees [all must register at the same time]

**LUNCH ONLY REGISTRATION: NO CEUs AVAILABLE**

- \$25 Single Attendee – no Group Discounts

**TO OBTAIN A GROUP DISCOUNT, COMPLETE REGISTRATIONS [ALL FORMS AND PAYMENTS] FOR ALL ATTENDEES MUST BE RECEIVED AT THE SAME TIME. REGISTRATIONS REQUESTING GROUP DISCOUNTS THAT DO NOT SEND ALL REGISTRATION FORMS AT ONE TIME WILL BE RETURNED.**

Names of Others in Group [required for all Group discounts]: \_\_\_\_\_

[If more space needed, please attach additional page with names of group to this form when mailing or faxing.]

**PLEASE PROVIDE ALL INFORMATION AND MAIL OR FAX THE FORM ALONG WITH PAYMENT TO:**

Center on Aging The University of Texas School of Nursing at Houston  
 Attn: Sonya Roberts  
 6901 Bertner Avenue 6<sup>th</sup> floor Houston, TX 77030



**Or call with credit card information:**

Sonya Roberts, 713 500-9924; or fax to: 713 500-0269 [secure line]

Your Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

**PAYMENT OPTIONS (CHECK ONE):**     CHECK (PAYABLE TO UTHSC-H)     CREDIT CARD (MASCARD OR VISA ONLY)

16-digit card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiration Date (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

3-digit code from signature line on back of card: \_\_\_\_\_    Billing Address Zip Code: \_\_\_\_\_