

Registration Form - payment by check

PEARLS Training

Thursday-Friday, September 30-October 1, 2010

To register by **check only**, made out to University of Washington,
complete form and return with payment to:

Eddie Edmondson
Harborview Medical Center
325 9th Avenue, Box 359911
Seattle, WA 98104

PLEASE PRINT CLEARLY:

Name (as it will appear on name tag)

Degree

Address

(circle if: **Home** or **Work**)

City

State

Zip

Email Address

Current/Primary Position

Institution/Agency

Daytime Phone

Please indicate how you found out about PEARLS:

PEARLS Email Colleague Online

Other _____

Please indicate your practice area and client population:

Area: Admin/Superv Clinician Admin/Clinician

Population: Older Adults Adults with Epilepsy

Fee:

Early Registration Fee \$395 **received by Sep. 10, 2010**

Late Registration Fee \$445 **received after Sep. 10, 2010**

Amount Submitted _____

Please do not include payment for CEU credit with registration fee.
Forms will be available at the training.