

# Registration Form

## 15th ANNUAL NEUROSCIENCE STROKE SYMPOSIUM

*"Back to the Future - Advances in Neuroscience Through the Decades"*

**October 9, 2018**

Loudermilk Conference Center, 40 Courtland Street, Atlanta, GA 30303

**(Registration Deadline is September 21, 2018)**

Please print clearly:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HEALTHCARE FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_

GRADY EMPLOYEE? YES\_\_ NO\_\_ IF YES, PROVIDE EMPLOYEE ID# \_\_\_\_\_

Space is limited. Register online at [www.gradystroke.org](http://www.gradystroke.org), then complete the information above and make check or money order payable to Grady Health System, **or** complete the online registration and pay by credit/debit card (*Note: It is not necessary to return this form if paying by credit/debit card and using the online registration process.*) Sorry, no refunds will be provided in the event of your cancellation. Registrations are transferable.

**Grady Health System**  
**Attention: Jackie Moore**  
**80 Jesse Hill Jr. Drive SE**  
**P.O. Box 26014**  
**Atlanta, GA 30303**

*Your registration will be confirmed via email.*

### REGISTRATION FEES

\$65 Coverdell Affiliates

\$75 Non-Coverdell Affiliates

\$10 ALL Grady Employees

After Sept. 21, 2018, add \$10 Late Fee

Parking - \$6 per Vehicle

*This activity is being submitted to a provider approved by the Alabama Board of Nursing for contact hours.*

PLEASE COMPLETE PAGE 2 ONLY IF PAYING FOR MULTIPLE PARTICIPANTS

Your Name: (for cross-reference purposes) \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_ .00

**REGISTRANT #2**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

GRADY EMPLOYEE? YES\_\_ NO\_\_ IF YES, PROVIDE GRADY EMPLOYEE ID # \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\$6 PARKING FEE INCLUDED FOR THIS INDIVIDUAL? YES\_\_\_\_\_ NO\_\_\_\_\_

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**REGISTRANT #3**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

GRADY EMPLOYEE? YES\_\_ NO\_\_ IF YES, PROVIDE GRADY EMPLOYEE ID # \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\$6 PARKING FEE INCLUDED FOR THIS INDIVIDUAL? YES\_\_\_\_\_ NO\_\_\_\_\_

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**REGISTRANT #4**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

GRADY EMPLOYEE? YES\_\_ NO\_\_ IF YES, PROVIDE GRADY EMPLOYEE ID # \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\$6 PARKING FEE INCLUDED FOR THIS INDIVIDUAL? YES\_\_\_\_\_ NO\_\_\_\_\_