

*J. Kiffin Penry Epilepsy Education Programs*  
**Epilepsy for Advanced Practice Providers**  
**July 24-27, 2024**

Please complete and return this application form along with a copy of your curriculum vitae or a short biographical sketch (to include education) to be considered for this program. Enrollment is limited, and application does not guarantee acceptance.

Name: \_\_\_\_\_  
First Name (Please Print) Last Name

Program/Practice: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Please indicate the major airport you will depart from: \_\_\_\_\_

Return via email to: [teresab@minifellow.net](mailto:teresab@minifellow.net)

Or mail to:

J. Kiffin Penry Epilepsy Education Programs  
819 S. Hawthorne Road  
Winston-Salem, NC 27103-3721

Phone: 336.722.7222