

*J. Kiffin Penry Epilepsy Education Programs*  
**Epilepsy for Advanced Practice Providers**

July 27-30, 2022

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: \_\_\_\_\_  
(Please Print)

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, or fax to: **336.721.1759** (*Cover sheet not required*)

*Or mail to:*

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

Phone: 336.722.7222 Fax: 336.721.1759 email: [teresab@minifellow.net](mailto:teresab@minifellow.net)