

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

June 9-12, 2021

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
Residents Epilepsy Program
819 S. Hawthorne Road
Winston-Salem, NC 27103-3721

Phone: 336.722.7222 Fax: 336.721.1759 email: teresab@minifellow.net