

**J. KIFFIN PENRY EPILEPSY EDUCATION PROGRAMS**  
**J. KIFFIN PENRY PEDIATRIC EPILEPSY PROGRAMS**

*Program for:*  
**Practicing Child Neurologists**  
**August 5-9, 2009**

Please complete the application form and return it to the address below along with your **curriculum vitae** and a cover letter specifying your interest in the program. An application does not guarantee acceptance or admittance, as enrollment is limited to 30 participants.

Name: \_\_\_\_\_

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

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

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

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

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

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

Home Phone: \_\_\_\_\_

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

**Phone:** (800) 255-4529

**Fax:** (336) 721-1759

**Email:** [teresab@penrypediatricpilepsy.org](mailto:teresab@penrypediatricpilepsy.org)

*I am unable to attend a 2009 course but am interested in future programs*