

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

Pediatric Epilepsy Program
August 25-29, 2010

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.

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: (336) 722-7222

Fax: (336) 721-1759

Email: teresab@penrypediatricpilepsy.org

I am unable to attend a 2010 course but am interested in future programs