

2004 UOA DELAWARE VALLEY REGIONAL CONFERENCE

FRIDAY PM, SATURDAY & SUNDAY, NOVEMBER 12TH, 13TH, 14TH, 2004

REGENCY PALACE HOTEL & CONFERENCE CENTER - at the RAMADA INN
ROUTE 73 & FELLOWSHIP ROAD (NJ TURNPIKE EXIT #4), MT. LAUREL, NEW JERSEY

To Make Room Reservations call 856-778-7300 .. ask for the UOA Conference Rate

REGISTRATION FORM (PLEASE PRINT)

Registrant's name _____

E-mail address _____

Address _____

City _____

State _____

Zip # _____

Tel # _____

If a UOA Member, Chapter Name _____

Please circle if you have any of these special needs:

- mobility hearing vision Note: Meeting space is 100% accessible

Surgery Type (circle all that apply)

- Colostomy Ileostomy Urostomy J - Pouch Other Continent Diversions
- Temporary Ostomy Child ostomate Young Adult Ostomate (18 to 30).....
- Parent of ostomate Spouse or caregiver Professional Other _____

Pre Registration Fee (before October 23rd) .. **\$ 50.00**... At door .. **\$ 75.00**

Children under 12, **FREE**

Registration Includes:

- Educational Workshops ... and special programming for Young Adults (18 to 30 years), Parents of Children w/ Ostomies, Spouses & Caregivers, & People w/ Continent Diversions
- Reception Friday Night, Lunch and Refreshment Breaks on Saturday, Refreshment Break and Lunch Sunday,
- Bus Trip to Atlantic City Saturday Night (Bus not handicapped accessible; **must be over 21**) with Casino rebate \$ - **people registering at door cannot be guaranteed seat on AC bus**
- Alternative Saturday night activities for those under 21
- Access to Exhibit Area and an optional one-on-one meeting with an ET Nurse for stoma exam and information **Please check for Stoma Clinic Registration** _____
- **Please check if you will attend the Sunday Visitor Training program** _____

Please send this form (photocopies OK) with check/money order (all funds in \$U.S.) payable to: "UOA, DVRT" & mail to: UOA, DVRT, P.O. Box 14343, Philadelphia, PA 19115

Visa or Mastercard payments are accepted.

Card # _____

Exp. Date _____

Name as it appears on card _____

Signature of card holder _____

For more information, please contact Ken Aukett at 856-854-3737

Or reach us at on line at www.ostomyburlco.org e-mail: info@ostomyburlco.org