

**United Ostomy Association, Inc.
OSTOMY EDUCATION SEMINAR**

REGISTRATION FORM



I am interested in attending a UOA Ostomy Education Seminar.

NAME: _____

ADDRESS: _____

PHONE # _____ EMAIL: _____

Please confirm my registration for the following site: (Select one.)

- Oct 17, 2002, 12 noon–5:00 pm Houston, TX Crowne Plaza Hotel
- Oct 31, 2002, 9:00 am–3:00 pm Salt Lake City, UT University of Utah
- Nov 16, 2002, 9:00 am–3:00 pm Miami, FL Jackson Memorial Hospital

Registration Fee of \$20 includes lunch and should be sent 3 days prior to event, or charge to major credit card. Send or FAX to:

UOA Central Office
19772 MacArthur Blvd,
Suite #200, Irvine, CA 92612-2405,
1-800-826-0826
FAX 949-660-9262

Choose one:

- Visa
 MasterCard
 Discover

Credit Card # _____ Expiration _____

Cardholder Name _____

Signature _____

Supported by an educational grant from ConvaTec, A Bristol-Myers Squibb Company