2008 End of Life Care Summer Institute
Creating Circles of Care

Registration Form
July 9-11, 2008

GW Hospital
900 23rd Street NW, 6th Floor
Washington, DC 20037
Phone: (202) 994-7755; hspcsj@gwumc.edu

Basic Information

Name: ____________________________________________
Badge Name: ________________________________________
Mailing Address: ______________________________________
City, State, Zip: ______________________________________
Telephone: _________________________________________
Email Address: ________________________________________
Fax: ________________________________________________

Occupation: _______________________________________
Institution/Organization: ______________________________

Registration: DEADLINE – JUNE 30, 2008
Please submit one registration per person. You will receive an email confirmation once we have received your registration form with payment.

Regular Registration $350 $___________
GW Medical Center Student Registration $50 $___________
(Subject to verification)

Other Student Registration $100 $___________

Endowment Donation $___________

Total Amount Enclosed $___________
Check #: _______________________

*Please make checks payable to GWU. Please mail payment to ATTN: Camille Jackson, 900 23rd Street, NW, Suite 6171, Washington, DC 20037. Indicate “2008 EOLC Summer Institute” on the memo line.

Other Information
How did you hear about us? Circle all that apply.

☐ Friend ☐ EOLC Student ☐ EOLC Alumni ☐ Other student ☐ Previous Attendee
☐ Co-worker ☐ Our website ☐ Printed Material ☐ Conference ☐ Other: __________________