

# 2008 DELAWARE VALLEY REGIONAL CONFERENCE

FRIDAY PM, SATURDAY & SUNDAY, NOVEMBER 21<sup>ST</sup>, 22<sup>ND</sup>, & 23<sup>RD</sup>, 2008

HOLIDAY INN in CHERRY HILL, NEW JERSEY

On Route 70 across from the new Garden State Race Track Shopping Center

To Make Room Reservations call 856-663-5300 & ask for the UOAA Rate of \$ 119 + tax

## REGISTRATION FORM

Name/s (please print) : \_\_\_\_\_

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

E-mail address: \_\_\_\_\_ Tel #: \_\_\_\_\_

If member of a UOAA Ostomy Support Group .. Name: \_\_\_\_\_

### Surgery Type ( check all that apply)

- Colostomy  .... Ileostomy  .... Urostomy  ... J – Pouch  ..... Other Continent Diversion
- Temporary Ostomy  .... Spouse or caregiver  .... Professional  ..... Other  .....

**Pre Registration Fee/person .. \$ 40.00 ... At door .. \$ 60.00**

Children under 12, FREE

(If you are a member of the Ostomy Association of Southern, NJ see 25% Registration DISCOUNT COUPON in *INSIGHTS*)

**Saturday Night Banquet/person . \$ 25.00** Chicken \_\_\_ Fish \_\_\_ Prime Rib \_\_\_

### Registration Includes:

- Educational Workshops ... meeting space is 100% accessible
- Reception Friday Night, Lunch on Saturday
- Exhibition of Ostomy Products and Exhibitions

❖ I am interested in a one-on-one meeting with an ET Nurse for a stoma exam and information Yes  No

**Please send this form (photocopies OK) with check/money order (all funds in \$U.S.) payable to: "UOAA" & mail to: UOAA, P.O. Box 318, Collingswood, NJ 08108**

**Visa or Mastercard payments are accepted.**

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature of card holder \_\_\_\_\_

If you would rather register by e-mail and are paying by credit card  
this form can be found at [www.postomysnj.org](http://www.postomysnj.org) ... complete it and e-mail it to [kenaukett@uoaa.org](mailto:kenaukett@uoaa.org) )

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