

## Registration Request Form

### ALL FIELDS REQUIRED:

I am a returning member of the Aphasia Resource Center.

or

I am new to the Aphasia Resource Center and;

I have included a recent SLP or Neuropsychology report(s) with my registration.

Name: \_\_\_\_\_

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

City

State

Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to reach you? (choose one):  email  phone

I would like to enroll in \_\_\_\_\_ (number) groups in total. Please **rank** groups of interest in order of preference (#1 being your first choice; 1,2,3)

	<b>Monday Groups</b>	<b>Wednesday Groups</b>	<b>Thursday Groups</b>
<b>Morning Groups</b>	<input type="checkbox"/> Storytelling/ Toastmasters	<input type="checkbox"/> Total Comm <input type="checkbox"/> Numbers	<input type="checkbox"/> Community Connection
	<input type="checkbox"/> Journaling	<input type="checkbox"/> Caregivers <i>Caregiver Name:</i> _____	
<b>Afternoon Groups</b>	<input type="checkbox"/> Chorus	<input type="checkbox"/> Movies	<input type="checkbox"/> Conversation
	<input type="checkbox"/> Book Group	<input type="checkbox"/> In the News	

- Registration **MUST BE RECEIVED BY Wednesday, January 4th, 2019** to receive full consideration.
- Registration requests are not a guarantee of enrollment. We will confirm group enrollment no later than Friday, January 18, 2019.

\_\_\_\_ I am interested in being contacted by the BU research labs (Aphasia Research Lab, Language Science Lab, or Stepp Lab) for participation in aphasia/stroke research studies.

Please fill out form and return by:

- mail to: Aphasia Resource Center, 635 Commonwealth Ave, 6<sup>th</sup> Floor, Boston, MA 02215
- fax to: (617) 358 – 5460 or email to: [aphasiacenter@bu.edu](mailto:aphasiacenter@bu.edu) or call (617) 353 – 0197