**BU Aphasia Resource Center: Summer 2025 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:

***Do you need parking?***

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

**If you answered yes, please provide the make, model, and license plate number of your car:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Monday Groups** | **Wednesday Groups** | **Thursday Groups** |
| ***Morning Groups*** | \_\_\_\_\_\_\_ Toastmasters (in-person) | \_\_\_\_\_\_\_ Movies  (online) | \_\_\_\_\_\_ Fiction Book Club (online) |
| ***Afternoon Groups*** | \_\_\_\_\_\_\_ Conversation (in-person) | \_\_\_\_\_\_\_ Storytelling  (online) | \_\_\_\_\_\_\_ Talk of the Town (online) |

**Registration MUST BE RECEIVED BY *Monday, May 19th* to receive full consideration.**

**Please fill out form and return by** email to [aphasiacenter@bu.edu](mailto:aphasiacenter@bu.edu) or call (617) 353 – 0197.