

END EPILEPSY® SUMMIT  
Epilepsy Foundation of Greater Los Angeles

# REGISTRATION FORM

SOCIAL SERVICE AGENCY PROFESSIONALS | APRIL 28, 2017

## Contact Information

Name	Title + Affiliation		
	( )		
Email	Phone Number	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work
Mailing Address	City	State	Zip
<input type="checkbox"/> School Staff <input type="checkbox"/> Epilepsy Clinic Staff <input type="checkbox"/> Regional Center Staff <input type="checkbox"/> Regional Center Vendor			
<input type="checkbox"/> Other: _____			

## Payment Information

Please enter your Registration Fee below and/or a donation, and calculate the Total Amount Due. The fee helps to cover refreshments, lunch, and conference materials. Onsite registration may increase to \$25/ per person. Register early!

Summit Fee	\$10/per person (until 3/31/17)   \$20/per person (4/1/17-4/28/17)	\$
Other Donation	Tax-deductible donations welcome to help support conference scholarships	\$
Total Being Paid	The total amount should match the amount on your check or credit card	\$

Consider me for a partial scholarship. Share why below. We will confirm acceptance by April 15, 2017.

## Payment Method

- Check enclosed (# \_\_\_\_\_ ) Make checks payable to: **EpilepsyFoundationGLA**  
 Please bill my credit card:  Visa  MasterCard  Discover  American Express

Credit Card #	CVV#	Exp. Date:	/
Name on Card	Signature		
Billing Address			

## Return Completed Form

Email: [Summit@EndEpilepsy.org](mailto:Summit@EndEpilepsy.org) | Tel: (310) 670-2870 | Fax (310) 670-6124  
Mail: Epilepsy Foundation GLA, 5777 W. Century Boulevard, #820, Los Angeles, CA 90045



### STAFF USE ONLY

Rec'd Date: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_  
Promo Code: \_\_\_\_\_  
(if applicable)