



REGISTRATION FORM

Health Literacy and Plain Language: Skills for Clear Health Communication

Tuesday, January 23, 2007, 9:00 a.m. – 4:30 p.m.

Enders Auditorium, Children's Hospital Boston

Directions to the hospital:

<http://www.childrenshospital.org/patientsfamilies/Site1393/mainpageS1393P87.html>

Name: _____

Position Title: _____

Institution: _____

Street (PO Box): _____

City, State, Zip: _____

Tel: _____ Email: _____

Please indicate if you are eligible to receive:

- Nursing CE credits _____
- MLA CE credits _____

Please note any dietary restrictions: _____

Registration Fee: \$30.00

Participants will be granted a full refund upon notification of cancellation by the end of the day, Friday, January 19, 2007. There will be no day-of registrations. In the event of inclement weather, the program will be rescheduled for Tuesday, January 30, 2007, 9:00 a.m. – 4:30 p.m.

If you would like to supply any written patient materials prior to the program, Sue may use them as a model and provide friendly critique on how to improve them. Please forward any documents with this completed registration form and a check made payable to MAHSLIN in the amount of \$30.00 to:

Nathan Norris
Agoos Medical Library
Beth Israel Deaconess Medical Center
1 Deaconess Rd.
Boston, MA 02215

The deadline for registration is January 1, 2007.

Program funded by an NN/LM New England Region grant

