**BU Aphasia Resource Center: Summer 2024 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:

**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** |
| ***Morning Groups*** | **\_\_\_**Toastmasters  (in person) | **\_\_\_** Movies  (online) |
| ***Afternoon Groups*** | **\_\_\_** Total Conversation (in person) | **\_\_\_** Music Appreciation  (online) |

**Registration MUST BE RECEIVED BY *May 13th* 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.