Young@Heart

october 17 & 18, 2008
the marriott resort
ypsilanti, michigan

Name of ICD Recipient | Age | Cardiac Diagnosis

Address

City | State | Zip Code

Home Phone Number | Work Phone Number | E-mail Address

Will your group be attending the Friday, October 17th reception? **Yes** ☐ _____ number attending **No** ☐

Children's Program Registration

Child/Children's Name(s)	Age	Check One: ICD Recipient	Check One: Family or Friend

Teen's Program Registration

Teen's Name(s)	Age	Check One: ICD Recipient	Check One: Family or Friend

Adult's Program Registration

Adult's Name(s)	Check One: ICD Recipient	Check One: Family or Friend	Pick your Session's Specify Letter: 10:00-11:55 A - D	2:00-3:15 A - C	3:30-4:30 A - C

Registration ~ ***Please Register by October 3, 2008***

~ ~ ~ you must be registered to attend ~ ~ ~

By Mail:
Patricia Sovitch, RN BSN
University of Michigan
Cardiovascular Center/Device Clinic
CVC-Floor 2, SPC 5853
1500 East Medical Center Drive
Ann Arbor, Michigan 48109-5853
By Fax: (734) 936-9395
By Phone (Roxanne): (734) 232-4177
Online:
http://www.med.umich.edu/mott/chc/young_at_heart.html

☐ Special assistance needed, please specify:

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