



## 9<sup>th</sup> National Conference C.A.R.E.S. Program Application

Please print clearly

Name:		
Street Address:		
City:	State:	Zip Code:
Email:		
Daytime Telephone Number:	Best time to call:	
Surgery Type and Date (Month/Year):		

Is cost the only factor that would keep you from attending the Conference? ☐ Yes ☐ No

If no, please give details\*:

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If selected, what educational or special programs would you like to attend? Provide specific areas that are of greatest interest to you\*:

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**Please attach a statement (500 words or less) of the benefits anticipated from attending UOAA's 9<sup>th</sup> National Conference.** \*You may also attach additional pages to respond to the above questions.

Applicant Signature:	Date:
I am a UOAA National Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
UOAA Membership & ASG Coordinator Signature:	
<b>AND/OR</b>	
I am a member of a UOAA Affiliated Support Group: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Affiliated Support Group (ASG) Name:	
ASG Official's Signature:	

**Complete and return to [conference@ostomy.org](mailto:conference@ostomy.org) or mail to UOAA by Friday, April 18, 2025.**

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[www.ostomy.org](http://www.ostomy.org) UOAA, PO BOX 2293, Biddeford ME 04005 1.800.826.0826