



U.S. Department of Health and Human Services  
**Agency for Healthcare Research and Quality**  
 and the  
 Administration on Aging  
 Centers for Disease Control and Prevention  
 National Institute on Aging  
 Centers for Medicare and Medicaid Services



## **Evidence-Based Disability and Disease Prevention for Elders: Translating Research into Community-Based Programs**

*December 6-7, 2004 - Chicago, Illinois*

### **Team Registration Application**

#### **Team Leader**

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Division/Unit: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Nickname (for badge): \_\_\_\_\_

#### **Background Information**

Part of the application process is answering the following two questions. Please send your responses electronically to [lbelden@nashp.org](mailto:lbelden@nashp.org). Your application will not be considered until this information is received.

- 1) *In 150 words or less, please describe your team's overall background/experience with disability and disease prevention for elders.*
- 2) *In 150 words or less, if you are approved to attend, please tell us how you intend to use the information you receive over the next year.*

**Funding:** *Financial assistance is available for five individuals from each approved team (a team leader and four additional team members). Please list those who you wish to receive funding below:*

#### **Member I**

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Division/Unit: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Nickname (for badge): \_\_\_\_\_

*(continued on reverse side)*

**Member II**

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
Title: \_\_\_\_\_  
Division/Unit: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Nickname (for badge): \_\_\_\_\_

**Member III**

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
Title: \_\_\_\_\_  
Division/Unit: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Nickname (for badge): \_\_\_\_\_

**Member IV**

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
Title: \_\_\_\_\_  
Division/Unit: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Nickname (for badge): \_\_\_\_\_

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**Additional team members – not funded:** If space allows, additional team members may be able to attend (no financial assistance would be available—individuals would be responsible for the cost to attend this workshop). Please list additional individuals you would like to be considered (teams can not exceed 10 individuals). The team leader will be contacted directly if space is available.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Division/Unit: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
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Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Division/Unit: \_\_\_\_\_  
Organization: \_\_\_\_\_

Fax completed registration application to Laurie Belden at 207-874-6505.  
All information (including team members and background information) must be submitted in full  
no later than **Friday, October 22, 2004**