

**Hospice and Palliative Care Association of New York State  
26<sup>th</sup> Annual Interdisciplinary Seminar and Meeting  
2006 Volunteer Scholarship Form**

Name of Volunteer: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Hospice Affiliation: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Hospice Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check here if you do not wish your name/address to be published in the attendance list.

Please check if appropriate:       Kosher Lunch       Vegetarian Lunch

Please indicate which day(s) you would like to attend the 2006 Annual Meeting. See this year's Registration Brochure for program descriptions, or visit [www.hpcanys.org](http://www.hpcanys.org) to obtain a workshop listing, and indicate the workshops you would like to attend on the chart below.

\_\_\_\_\_ I would like to attend Thursday, March 30, 2006.

\_\_\_\_\_ I would like to attend Friday, March 31, 2006.

Circle one 1st Choice and one 2nd Choice for each day's workshop session.

*Thursday, March 30  
Session 1*

*Thursday, March 30  
Session 2*

*Friday, March 31  
Session 3*

1st Choice 1 2 3 4 5 6

2nd Choice 1 2 3 4 5 6

1st Choice 7 8 9 10 11 12

2nd Choice 7 8 9 10 11 12

1st Choice 13 14 15 16 17 18

2nd Choice 13 14 15 16 17 18

**Please mail or fax your application to:**

Hospice and Palliative Care Association of New York State, 21 Aviation Road, Suite 9, Albany, NY 12205, or fax 518-446-1484 **by February 28, 2006.**