

Taking Control of Your Wellness

Yes, I am interested in attending this 11 week workshop series

My Contact Information:

Name: _____

Address: _____

City: _____

Postal code: _____

Home phone: _____

Work phone: _____

Email: _____

Type of seizure activity: _____

Evenings I am available to attend:

- Monday
- Tuesday
- Wednesday
- Thursday

Please email this form to info@epilepsyniagara.org or fax to 866-293-6300.