



IONA SENIOR SERVICES
Housing Options
June 30, 2005
4:00 PM – 6:00 PM
Registration Form

I am a (please check one):

Iona Affiliate

Health Care Provider

Discipline _____



Name: _____

Address:

Phone: _____ Fax: _____ Email: _____

Special Needs? _____

Please send registration forms to Vosti Pearsall at vostip@gwu.edu or fax to 202-895-9484.

If you have any questions you can contact me at 202-895-9485.