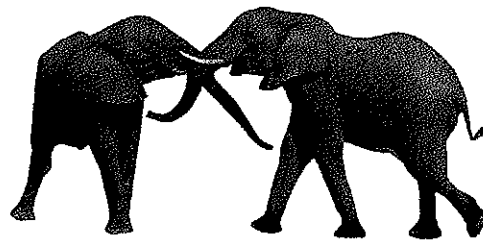


Place
Postage
Here

Nick & Kelly Children's Heart Fund
1321 Bayview Dr.
Tempe, AZ 85283

Return Address:



Family Day

Heart Talk



Keep A Small Heart Beating 
1321 E. Bayview Dr., Tempe, AZ 85283-2150



Photo courtesy of the Phoenix Zoo

Family Day



Education & Hope

Heart Talk:

Living well with

CHD

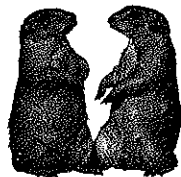
Saturday,
February 7, 2009
at the

Phoenix Zoo

Sponsored by:
Nick & Kelly
Children's Heart Fund



Family Day Program



Living Well With CHD

8:30 – 9:00 Registration/Networking

9:00 – 10:30 **BREAKOUT SESSION I**
(Adults select one, teens attend "a")

A) "Adult CHD-A Success Story"
(speaker to be announced)
"Adults Living Well with CHD" (panel)
(Location: Stone House)

**** B)** "Parenting your Child with CHD"
Carolynne Garrison Howard, PhD
(Ruby House, limited to 25 adults)

10:30 – 10:45 **BREAK**

10:45 – 12:15 **BREAKOUT SESSION II**
(Adults select one) (Teens to Schoolhouse)

A) "Medical Technology"
"Cardiac Catheterization"
Stephen Pophal, M.D.
"Pacemakers"
(speaker to be announced)
(Location: Stone House)

**** B)** "Parenting Your Child with CHD"
Carolynne Garrison Howard, PhD
(Ruby House, limited to 25 adults)

12:15 **Lunch for all**

**** This session is presented twice due to the size of the room.**

Fold and Tape

Family Day Heart Talk REGISTRATION FORM

Parent/Guardian Name(s) attending conference:
Parent **MUST** attend if children/teens attend

Address: _____

City: _____

St. _____

Zip: _____

Phone: _____

Alternate phone number: _____

E-Mail: _____

Breakout I: ___ A ___ B **Breakout II:** ___ A ___ B

(Please indicate number of people attending each session)

Children/Teens will be in groups according to their age & comfort level.

List **ONLY** children attending conference – **MUST be 5 or older.**

Patient Name: _____

Age: ___ Sex: F/M Shirt Size: Youth S/M/L Adult S/M/L/XL/XXL

Special Concerns: _____

Sibling Name: _____

Age: ___ Sex: F/M Shirt Size: Youth S/M/L Adult S/M/L/XL/XXL

Sibling Name: _____

Age: ___ Sex: F/M Shirt Size: Youth S/M/L Adult S/M/L/XL/XXL

Sibling Name: _____

Age: ___ Sex: F/M Shirt Size: Youth S/M/L Adult S/M/L/XL/XXL

Please indicate any special needs or concerns

(Please use additional form if needed for additional children or special needs/concerns)

**This event is for parents & patients/siblings ages 5 and older
Participants will sign a behavior agreement for children's events.**

Use form to Register or Contact: Nick & Kelly Children's Heart Fund

Telephone: (480) 838-1529 FAX: (480) 777-1447 Postal Address: 1321 E. Bayview Dr., Tempe, AZ 85283
E-mail: nandkfund@aol.com Website: www.nickandkellyfund.org (registration form available online)

**Must pre-register, limited space available, first come first served.
All registrations must be postmarked by Feb. 1, 2009.**