



**Arts in Healthcare 2013  
Professional Development Workshop  
Saturday, June 8th, 9:30 am -2:30 pm  
Concord Hospital in Concord, NH**



**Professional Development Workshop Registration  
for Artists and Arts Organizations**

**Please note:** Limited seats are available; we encourage early registration. Please use one form per person and make copies as needed for additional registrants. *Print clearly and be sure to keep a copy for your records.*

Name: \_\_\_\_\_ Title and/or Arts Discipline: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_  Check for Professional Development Credits

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

**Artists Workshop Registration Fee** – Postmarked by **May 15, 2013: \$25** includes registration and lunch.

Registrations will be accepted on a first come, first served, space-available basis.

Check <http://www.nh.gov/nharts/> for Workshop details and on-line registration options.

**Fees & Payment Policies**

I am paying by check made out to **Concord Hospital**.

**Send registration form & check to:**

Alice Kinsler, Therapeutic Arts & Activity Services

Concord Hospital, 250 Pleasant St, Concord, NH 03301

*Refunds, minus a \$5 administrative fee, will be made on cancellations received by **May 31, 2013**. All requests for refunds must be made in writing to Alice Kinsler and must include a stamped, self-addressed envelope.*

**Photography/videography:** By initialing here \_\_\_\_\_ I give permission for my photograph to be taken during the Symposium to be used in NHSCA publications and/or on the NHSCA website.

**We encourage carpooling** and will try to connect you with attendees from your area if you indicate here \_\_\_\_.

**Please include** my name and contact information on a participants' list that will be made available to all workshop attendees. \_\_\_\_ Yes \_\_\_\_ No

**Special Needs:** If you require a special accommodation due to disability, please contact Catherine O'Brian by 5/31 with a brief description of your needs so we can make every effort to accommodate your requests.

Have you completed the 2013 New Hampshire Arts in Health Care Survey? \_\_\_\_ Yes \_\_\_\_ No

If you have additional questions or need more information, please contact:  
**Catherine O'Brian**, phone: 603-271-0795; email: [Catherine.R.OBrien@dcr.nh.gov](mailto:Catherine.R.OBrien@dcr.nh.gov)