



2018 ORA/AR Annual Conference



Saturday November 3, 2018

9:30 am – 2:00pm

Jo Ellen Ford Auditorium

Reynolds Institute on Aging Building on the UAMS Campus/Little Rock

Friends,

I want to invite & urge you to attend the 2018 Annual Educational Conference of the Organ Recipients Association of Arkansas. **This will be held at the Reynolds Institute on Aging building on the UAMS Campus in the Jo Ellen Ford auditorium. Registration begins at 9:30am with the meeting beginning at 10:00am.** This is a once a year opportunity to meet with other recipients, share your transplant journey, gain valuable information related to transplants, meet old friends, & make new friends in the transplant community.

Please plan to attend. It will be necessary for you to pre-register so that we can plan for lunches. Registration fee is \$5.00, which includes your lunch. If the registration fee is a hardship for you, we still want you to join us. Please complete the registration form below, return it with your check, or mark the appropriate box to indicate that you wish to waive the fee, & mail it to ORA/AR, P. O. Box 250607, Little Rock, AR 72225-0607.

We need to receive your registration by **October 18th. November 3rd** will be a day of information, fellowship, sharing, & caring. I look forward to seeing you, your family, & friends.

Linda M. Weaver

ORA/AR President
Kidney Recipient 8/9/11



Cut here & return portion below

ORA/AR Annual Meeting 2018 Registration Form

<i>Name</i>	<i>Address</i>	<i>Phone</i>
<i>City</i>	<i>State</i>	<i>Zip</i>
		<i>Email</i>

I plan to attend the **2018 Annual Meeting November 3rd**. I'm enclosing \$5 each for registration for myself and (list names of others):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

_____ *Please waive registration fee due to financial hardship*

Make checks payable to ORA/AR & mail to ORA/AR, P.O. Box 250607, Little Rock, AR 72225-0607

PLEASE RETURN BY OCTOBER 18th

**** There will be pictures taken during the Annual Conference to appear in our ORA/AR newsletter & other publications. If you approve of your pictures being used, please sign below. ****

_____ **Yes, you have my approval.**

_____ **No, you do NOT have my approval**