



9707 E. Easter Lane, Suite B
Centennial, CO 80112-3754
1-800-STROKES (787-6537)

Returning this form allows survivors to find support in their community!

STROKE GROUP REGISTRATION FORM

Group Name: _____

Primary Contact Information:

Group Leader Name: _____

Group Leader Phone Number (for internal purposes): _____

Group Leader Email Address (for internal purposes): _____

Yes, I would like to receive postal mail from National Stroke Association

Group Meeting Information:

Meeting place – Name (center, hospital, etc.): _____

Meeting place – Location (floor, unit, etc.): _____

Meeting Address: _____

City: _____ State: _____ Zip: _____

Public Phone Number (for more information): _____

Public Email Address (for more information): _____

Website (if applicable): _____

Meeting Day (e.g., first Thursday of the month): _____

Meeting Time (e.g., 4:00- 5:30 p.m.): _____

Meeting Frequency (e.g., 2x/month, weekly, etc.): _____

Group Activities: What does your group provide? Circle all that apply:

- | | |
|---------------------------------------|--------------------------|
| Supportive Discussions | Social Opportunities |
| Group Therapy/Rehabilitation Sessions | Community Outreach |
| Phone Support | Fundraising Activities |
| Meeting Notice | Transportation |
| Newsletter | Visitation Opportunities |
| Educational Programs | Other: _____ |

Group Type: Which category (or categories) best describes your group?

- Online Group
- Inpatient Program Participants Only
- Outpatient Program Participants Only
- Open to anyone in the community



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Group Specialty: Which category (or categories) best describes your group?

- | | |
|--------------------------|------------------------|
| Aphasia | Seniors Only |
| Caregivers Only | Stroke and Head Injury |
| Caregivers and Survivors | Survivors only |
| Children with Stroke | Other: _____ |

StrokeSmart® Magazine:

- Does your group receive **StrokeSmart®** magazine? Yes No
- Would you like your group to receive free copies of **StrokeSmart®**? Yes No
- How many copies of StrokeSmart® magazine would you like to receive quarterly? _____
(between 1 and 20 copies sent at no cost)

We will send the magazines to the address listed above. If you prefer the magazine to be sent to a different address, please specify that address below:

Preferred address: _____

Attn: _____

To include your information in our registry, please return this form by one of the following methods:

Email: supportgroups@stroke.org

Fax: (303) 649-1328

Mail:

**National Stroke Association
Attn: Stroke Support Groups
9707 E. Easter Lane, Suite B
Centennial, CO 80112-3754**

Submitting this form indicates that you give National Stroke Association permission to post all data from this form on the National Stroke Association website (excluding those items marked for internal use only). If you have any questions, please call 1-800-STROKES (787-6537).

Disclaimer: The information provided on the form will be added to our listing within 3-5 business days.