

**MossRehab Aphasia Center
PPA Semester Selection Sheet**



Please select which MRAC Sessions you'd like to participate in this semester.
Mail this form in with your check or money order. Please **DO NOT SEND CASH**.
Be sure to complete all the information in **bold**.

Thank you. 😊

Member Name: _____

Name of person assisting with this form (as appropriate): _____

Best Phone (Member or Care Partner): _____

Member Email: _____

Care Partner's Email: _____

- | | |
|--|----------|
| <input type="checkbox"/> Constance Sheerr Kittner Conversation Café for Primary Progressive Aphasia: \$150 | \$ _____ |
| <input type="checkbox"/> Virtual Care Partner Support for People Living with Progressive Aphasia: No Charge | \$ _____ |
| <input type="checkbox"/> Reta's Games Group Presents: MRAC Virtual Variety Hour: No Charge | \$ _____ |
| <input type="checkbox"/> Virtual Computer Lab: \$50 initial assessment/\$25 per session thereafter | \$ _____ |

THIS SEMESTER'S TOTAL: \$ _____

- ☐ Please contact me about payment arrangements for this semester.

MAIL THIS FORM AND YOUR CHECK OR MONEY ORDER WITH THIS SEMESTER'S TOTAL TO:

MossRehab Aphasia Center | 50 Township Line Rd. | Elkins Park, PA 19027